

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

|  |  |                          |   |
|--|--|--------------------------|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>IOWA HEALTH SYSTEM</b>   |                          | <b>D</b> Employer identification number<br><b>42-1435199</b>  |
|  | Doing business as <b>UNITYPOINT HEALTH</b>   |                          | <b>E</b> Telephone number<br><b>515-241-6161</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)<br><b>1776 WEST LAKES PARKWAY</b> | Room/suite<br><b>400</b> |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>WEST DES MOINES, IA 50266</b> |                          | <b>G</b> Gross receipts \$ <b>478,645,997.</b>  |
|  | <b>F</b> Name and address of principal officer: <b>SCOTT KIZER</b><br><b>SAME AS C ABOVE</b>                 |                          | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |

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

**J** Website: **WWW.UNITYPOINT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1994** **M** State of legal domicile: **IA**

## Part I Summary

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.</b> |   |                                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.          |   |                                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>21</b>                         |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>18</b>                         |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)   | <b>5</b>  | <b>2918</b>                       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>0</b>                          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                       | <b>3,825,812.</b>                 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>   | <b>291,419.</b>                                 |                                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br>3,081,083.                 | <b>Current Year</b><br>1,741,206. |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 391,994,679.                                    | 409,543,414.                      |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 35,551,256.                                     | 35,788,007.                       |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 7,352,968.                                      | 22,808,165.                       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 437,979,986.                                    | 469,880,792.                      |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 6,323,205.                                      | 79,119.                           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.  | 0.                                |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 207,238,630.                                    | 229,725,498.                      |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.  | 0.                                |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 0.  |                                   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 223,777,503.                                    | 252,966,598.                      |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 437,339,338.  | 482,771,215.                                    |                                   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 640,648.  | -12,890,423.                                    |                                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>1513230755. | <b>End of Year</b><br>1508678077. |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 1636709133.                                     | 1609204452.                       |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | -123,478,378.                                   | -100,526,375.                     |

## 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.

|                               |  |                      |           |   |      |
|-------------------------------|--|----------------------|-----------|---|------|
| <b>Sign Here</b>              | Signature of officer<br><b>MICHAEL HEINRICH, CFO</b> |                      | Date      |   |      |
|                               | Type or print name and title                         |                      |           |   |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                           | Preparer's signature | Date      | Check if self-employed <input type="checkbox"/> | PTIN |
|                               | Firm's name  | Firm's EIN           | Phone no. |   |      |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 390,734,642. including grants of \$ 0. ) (Revenue \$ 434,364,543. )

AFFILIATE SUPPORT SERVICES IHS ADMINISTRATION (CORP) IS ORGANIZED TO SUPPORT THE MISSIONS OF SEVERAL RELATED CHARITABLE, TAX-EXEMPT ORGANIZATIONS INCLUDING TEN SENIOR AFFILIATES, IOWA HEALTH DES MOINES (DES MOINES), TRINITY REGIONAL HEALTH SYSTEM (ROCK ISLAND), ST. LUKE'S HEALTHCARE (CEDAR RAPIDS), ALLEN HEALTH SYSTEMS (WATERLOO), TRINITY HEALTH SYSTEMS (FORT DODGE), ST. LUKE'S HEALTH SYSTEM (SIOUX CITY), FINLEY TRI-STATES HEALTH GROUP (DUBUQUE), METHODIST HEALTH SERVICES CORPORATION (PEORIA), MERITER HEALTH SERVICES (MADISON), AND IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION (DBA UNITYPOINT CLINIC), UNITYPOINT AT HOME, AS WELL AS MULTIPLE RURAL AFFILIATES. THE SUPPORT SERVICES PROVIDED TO THESE ORGANIZATIONS ARE TO CONSTRUCT, OWN, LEASE, MANAGE, OPERATE, PROVIDE

4b (Code: ) (Expenses \$ 79,119. including grants of \$ 79,119. ) (Revenue \$ 0. )

COMMUNITY BENEFIT IOWA HEALTH SYSTEM PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY. PROGRAMS MAY INCLUDE, BUT ARE NOT LIMITED TO, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS; HEALTH PROFESSIONAL'S EDUCATION; SUBSIDIZED HEALTH SERVICES; RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. IOWA HEALTH SYSTEM COLLABORATES WITH OTHER HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE. IOWA HEALTH SYSTEM HAS DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS. TOTAL OTHER BENEFITS REPORTED VALUE: \$79,119.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 390,813,761.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 on Schedule O. |     |    |
|           | <b>1a</b> 21   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 18   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed IL, CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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  
**MICHAEL HEINRICH - 515-241-3315**  
**1776 WEST LAKES PARKWAY, SUITE 400, WEST DES MOINES, IA 50266**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former     |   |  |   |
| CLAY HOLDERMAN<br>PRESIDENT/CEO  | 40.00<br>0.00   |   |                       | X       |              |                              | 2,057,391. | 0.  | 337,204.   |   |
| DAVID WILLIAMS, MD<br>CHIEF CLINICAL OFFICER SVP                         | 40.00<br>0.00   |   |                       | X       |              |                              | 1,806,169. | 0.  | 134,642.   |   |
| DAVID STARK<br>PRESIDENT/CEO-DSM   | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 1,646,674.  | 128,464.   |   |
| MARK JOHNSON<br>VP CONSOLIDATED SERVICES                                 | 40.00<br>0.00   |   |                       | X       |              |                              | 1,454,353. | 0.  | 92,608.  |   |
| JOHN SHEEHAN, CHIEF<br>OPERATING OFFICER SVP (TO 7/22)                   | 40.00<br>0.00   |   |                       | X       |              |                              | 1,266,433. | 0.  | 24,186.  |   |
| SCOTT KIZER<br>CHIEF LEGAL OFFICER SVP                                   | 40.00<br>0.00   |   |                       | X       |              |                              | 1,087,869. | 0.  | 156,166.   |   |
| LEAH GLASGO, PRESIDENT/CEO-FD<br>INTERIM PRES/CEO-SC (FR 7/22)           | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 1,067,658.  | 100,798.   |   |
| PETER D. WATSON<br>CHIEF FINANCIAL OFFICER SVP                           | 40.00<br>0.00   |   |                       | X       |              |                              | 902,325.   | 0.  | 158,616.   |   |
| DANIEL CARPENTER<br>CHIEF STRATEGY OFFICER SVP                           | 40.00<br>0.00   |   |                       | X       |              |                              | 836,068.   | 0.  | 163,461.   |   |
| SUSAN ERICKSON, PRES/CEO-WI (TO 6/22)<br>COO SVP (FR 7/22)               | 40.00<br>1.00   |   |                       | X       |              |                              | 332,066.   | 435,186.  | 152,817.   |   |
| KEITH KNEPP, MD<br>PRESIDENT/CEO-PM                                      | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 739,283.  | 143,880.   |   |
| MICHELLE NIERMANN<br>PRES/CEO-CR   | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 700,612.  | 122,699.   |   |
| ART NIZZA<br>EVP/COO (TO 02/21)  | 0.00<br>0.00  |   |                       |         |              | X                            | 814,375.   | 0.  | 0.   |   |
| ROBERT ERICKSON<br>PRESIDENT/CEO-QC                                      | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 680,681.  | 130,131.   |   |
| LAURA SMITH<br>CHIEF INFORMATION OFFICER SVP                             | 40.00<br>0.00   |   |                       | X       |              |                              | 665,166.   | 0.  | 112,317.   |   |
| PAMELA DELAGARDELLE<br>PRESIDENT/CEO-WAT                                 | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 671,810.  | 104,963.   |   |
| PATRICIA NEWLAND, MD, VP MED DR PC<br>(TO 8/22) PRES/CEO-IPCMF (FR 8/22) | 1.00<br>40.00   |   |                       | X       |              |                              | 0.         | 700,085.  | 70,747.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| AARON GILLINGHAM<br>CHIEF HUMAN RESOURCES OFFICER SVP              | 40.00<br>0.00   |   |                       |         | X            |                              |        | 623,797.  | 0.   | 126,462.  |
| MARCEL DEVETTEN, MD<br>CHIEF QUALITY OFFICER                       | 40.00<br>0.00   |   |                       |         | X            |                              |        | 637,571.  | 0.   | 97,644.   |
| D'ANDRE CARPENTER, DNP, RN<br>CHIEF NURSING OFFICER (FR 9/22)      | 40.00<br>0.00   |   |                       |         | X            |                              |        | 582,878.  | 0.   | 75,150.   |
| DENNY DRAKE, FRMR SVP CORP INTEGRITY<br>GENERAL COUNSEL (TO 12/20) | 0.00<br>0.00  |   |                       |         |              |                              | X      | 630,360.  | 0.   | 13,869.   |
| JAMES ARNETT<br>PRESIDENT/CEO-WI (FR 6/22)                         | 1.00<br>40.00   |   |                       |         | X            |                              |        | 0.  | 475,197.   | 91,614.   |
| CHAD WOLBERS<br>PRES/CEO-DUB                                       | 1.00<br>40.00   |   |                       |         | X            |                              |        | 0.  | 456,758.   | 95,958.   |
| LORENZO SUTER<br>PRES/CEO-SC (TO 7/22)                             | 1.00<br>40.00   |   |                       |         | X            |                              |        | 0.  | 519,612.   | 31,675.   |
| TODD BURCHILL, EXECUTIVE<br>DIRECTOR BUSINESS DEVELOPMENT          | 40.00<br>0.00   |   |                       |         |              | X                            |        | 484,011.  | 0.   | 46,828.   |
| WENDY MORTIMORE<br>CHIEF MEDICAL INF OFFICER                       | 40.00<br>0.00   |   |                       |         | X            |                              |        | 475,026.  | 0.   | 43,502.   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 14,655,858.   | 8,093,556.   | 275,640.  |
| <b>c Total from continuation sheets to Part VII, Section A</b>     |   |   |                       |         |              |                              |        | 2,955,883.  | 1,608,815.   | 206,259.  |
| <b>d Total (add lines 1b and 1c)</b>                               |   |   |                       |         |              |                              |        | 17,611,741.   | 9,702,371.   | 296,260.  |

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 362

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | X   |    |
| 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 | X   |    |
| 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                       |     | X  |

**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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| DELOITTE CONSULTING LLP<br>1700 MARKET ST., PHILADELPHIA, PA 19103          | CONSULTING SERVICES            | 16,338,514.         |
| TRILIX MARKETING GROUP INC<br>615 3RD ST, SUITE 300, DES MOINES, IA 50309   | MARKETING SERVICES             | 4,688,445.          |
| CROWE LLP<br>320 E. JEFFERSON BLVD, SOUTH BEND, IN 46624                    | CONSULTING SERVICES            | 3,917,557.          |
| DELOITTE & TOUCHE LLP<br>PO BOX 844708, DALLAS, TX 75284                    | CONSULTING SERVICES            | 2,216,964.          |
| EAGLE RECOVERY ASSOCIATES INC.<br>2601 W FORREST HILL AVE, PEORIA, IL 61604 | COLLECTION SERVICES            | 1,679,814.          |

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 141

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| DEBRA KING                                  | 40.00   |  |                       |         |              |                              |        |  |   |   |
| DEPUTY GENERAL COUNSEL                      | 0.00  |  |                       |         |              | X                            |        | 413,680.   | 0.  | 66,373.   |
| KEVIN VERMEER                               | 0.00  |  |                       |         |              |                              |        |  |   |   |
| FRMR PRESIDENT/CEO (TO 04/20)               | 0.00  |  |                       |         |              |                              | X      | 476,649.   | 0.  | 0.  |
| THEODORE TOWNSEND, FRMR PRES/CEO-CR         | 0.00  |  |                       |         |              |                              |        |  |   |   |
| FRMR INT PRES/CEO-DUB (TO 12/18)            | 0.00  |  |                       |         |              |                              | X      | 0.   | 462,778.  | 0.  |
| RENEE RASMUSSEN                             | 40.00   |  |                       |         |              |                              |        |  |   |   |
| VP REVENUE CYCLE (TO 4/22)                  | 0.00  |  |                       |         |              | X                            |        | 433,530.   | 0.  | 20,384.   |
| MATTHEW WARRENS                             | 40.00   |  |                       |         |              |                              |        |  |   |   |
| MANAGING DIRECTOR INNOVATION CENTER         | 0.00  |  |                       |         |              | X                            |        | 405,845.   | 0.  | 36,271.   |
| CATHERINE RANHEIM, MD                       | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER (TO 05/22)                     | 40.00   | X                                      |                       |         |              |                              |        | 284,692.   | 111,483.  | 16,534.   |
| NARENDRA MANSHARAMANI                       | 0.00  |  |                       |         |              |                              |        |  |   |   |
| VP/FINANCIAL OPERATIONS (TO 12/21)          | 0.00  |  |                       |         |              |                              | X      | 409,085.   | 0.  | 0.  |
| KYLE CHRISTIASON, MD                        | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 40.00   | X                                      |                       |         |              |                              |        | 0.   | 336,916.  | 42,099.   |
| RICHARD SEIDLER                             | 0.00  |  |                       |         |              |                              |        |  |   |   |
| FRMR PRESIDENT/CEO-QC (TO 05/19)            | 0.00  |  |                       |         |              |                              | X      | 0.   | 367,341.  | 0.  |
| ANDREA WHITE, MD                            | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 40.00   | X                                      |                       |         |              |                              |        | 0.   | 330,297.  | 24,598.   |
| SUSAN THOMPSON                              | 0.00  |  |                       |         |              |                              |        |  |   |   |
| INTERIM PRESIDENT/CEO (TO 02/21)            | 0.00  |  |                       |         |              |                              | X      | 278,902.   | 0.  | 0.  |
| BRAD BRODY                                  | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD CHAIR                                 | 1.00  | X                                      |                       | X       |              |                              |        | 26,750.  | 0.  | 0.  |
| JOHN TAETS                                  | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD VICE CHAIR                            | 1.00  | X                                      |                       | X       |              |                              |        | 21,250.  | 0.  | 0.  |
| JOSE LARACUENTE                             | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD TREASURER                             | 1.00  | X                                      |                       | X       |              |                              |        | 19,750.  | 0.  | 0.  |
| BRADLEY MANNING                             | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 1.00  | X                                      |                       |         |              |                              |        | 17,750.  | 0.  | 0.  |
| MARK SCHWIEBERT                             | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 1.00  | X                                      |                       |         |              |                              |        | 17,250.  | 0.  | 0.  |
| SALLY GRAY                                  | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD SECRETARY                             | 1.00  | X                                      |                       | X       |              |                              |        | 14,250.  | 0.  | 0.  |
| BRENDA CLANCY                               | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 1.00  | X                                      |                       |         |              |                              |        | 13,500.  | 0.  | 0.  |
| MARIA ZIEGLER                               | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 1.00  | X                                      |                       |         |              |                              |        | 13,500.  | 0.  | 0.  |
| GREGORY CHURCHILL                           | 1.00  |  |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                                | 1.00  | X                                      |                       |         |              |                              |        | 12,500.  | 0.  | 0.  |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| GARRY SMITH<br>BOARD MEMBER                 | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 12,250.  | 0.  | 0.  |
| BILL ARNOLD<br>BOARD MEMBER                 | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 12,000.  | 0.  | 0.  |
| BRUCE JAMES, MD<br>BOARD MEMBER             | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 11,750.  | 0.  | 0.  |
| JAMES STEVENSON<br>BOARD MEMBER             | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 11,000.  | 0.  | 0.  |
| DENNIS TRIGGS<br>BOARD MEMBER               | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 11,000.  | 0.  | 0.  |
| ADAEZE ENEKWECHI<br>BOARD MEMBER            | 1.00<br>0.00  | X                                      |                       |         |              |                              |        | 10,000.  | 0.  | 0.  |
| VIRGINIA GRAVES<br>BOARD MEMBER             | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 10,000.  | 0.  | 0.  |
| MARLON PRIEST<br>BOARD MEMBER               | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 9,750.   | 0.  | 0.  |
| KALYANA SUNDARAM<br>BOARD MEMBER            | 1.00<br>1.00  | X                                      |                       |         |              |                              |        | 9,250.   | 0.  | 0.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        | 2,955,883.   | 1,608,815.  | 206,259.  |

**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 1,741,206.     |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            |                |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$             |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      |                | 1,741,206.                         |                            |  |  |
| Program Service Revenue   | <b>2 a</b> MGMT & SUPPORT SVCS  | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 561000               | 410151898.     | 409552815.                         | 599,083.                   |  |  |
|   | <b>b</b> SUBS & JOINT VENTURES  | 900099               | -608,484.      | -608,484.                          |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b>  |                      |                |                                    |                            |  |  |
|   | <b>e</b>  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f   |   |                      | 409543414.     |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 42,613,083.    |                                    | 2012964.                   | 40600119.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities | 1,863,926.                         | 76,203.                    |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 8,765,205.     | 0.                                 |                            |  |  |
| <b>c</b> Gain or (loss)   | <b>7c</b>   | -6,901,279.          | 76,203.        |                                    |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                      | -6,825,076.    |                                    | -6825076.                  |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> MISCELLANEOUS   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 14,295,594.    | 13081829.                          | 1213765.                   |  |  |
|   | <b>b</b> SHARED SAVINGS REVENUE   | 900099               | 8,512,571.     | 8,512,571.                         |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d   |   |                      | 22,808,165.    |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                      | 469880792.     | 430538731.                         | 3825812.                   | 33775043.  |  |

**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  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 79,119.               | 79,119.                         |  |                             |
| 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 .....   | 14,353,863.           |                                 | 14,353,863.                            |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   | 2,856,184.            |                                 | 2,856,184.                             |                             |
| 7 Other salaries and wages .....   | 163,572,405.          | 163,572,405.                    |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 7,745,046.            | 7,745,046.                      |  |                             |
| 9 Other employee benefits .....  | 29,126,074.           | 29,126,074.                     |  |                             |
| 10 Payroll taxes .....   | 12,071,926.           | 12,071,926.                     |  |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 4,433,565.            | 3,523,289.                      | 910,276.                               |                             |
| c Accounting .....   | 861,655.              |                                 | 861,655.                               |                             |
| d Lobbying .....   | 530,971.              |                                 | 530,971.                               |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   | 319,431.              | 88,678.                         | 230,753.                               |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 155,998,410.          | 91,788,577.                     | 64,209,833.                            |                             |
| 12 Advertising and promotion .....   | 4,369,529.            |                                 | 4,369,529.                             |                             |
| 13 Office expenses .....   | 606,115.              | 5,696.                          | 600,419.                               |                             |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 12,729,091.           | 12,459,299.                     | 269,792.                               |                             |
| 17 Travel .....  | 1,039,276.            | 312,330.                        | 726,946.                               |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 403,088.              | 74,086.                         | 329,002.                               |                             |
| 20 Interest .....  | 38,777,790.           | 38,777,790.                     |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 29,729,861.           | 28,412,624.                     | 1,317,237.                             |                             |
| 23 Insurance .....   | 2,796,886.            | 2,796,854.                      | 32.                                    |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>MISCELLANEOUS EXPENSE</b>   | 407,829.              | 34,282.                         | 373,547.                               |                             |
| b <b>MEDICAL SUPPLIES</b>  | 4,809.                | 2,689.                          | 2,120.                                 |                             |
| c <b>BAD DEBT EXPENSE</b>  | 2,308.                | 2,308.                          |  |                             |
| d <b>INCOME TAXES</b>  | 330.                  |                                 | 330.                                   |                             |
| e All other expenses   | -44,346.              | -59,311.                        | 14,965.                                |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>482,771,215.</b>   | <b>390,813,761.</b>             | <b>91,957,454.</b>                     | <b>0.</b>                   |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|---|--|--------------------------|-------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 181,517,629.             | <b>1</b>    | 152,763,225.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 99,395,742.              | <b>2</b>    | 140,959,612.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                        |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                        |
|   | <b>5</b> Loans and other receivables from 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 ..... |                          | <b>5</b>    |                        |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                        |
|   | <b>7</b> Notes and loans receivable, net .....   | 854,977,060.             | <b>7</b>    | 910,377,299.           |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                        |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 41,605,023.              | <b>9</b>    | 42,372,342.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 671,574,935.  |             |                        |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 598,286,155.  | 69,081,414. | <b>10c</b> 73,288,780. |
|   | <b>11</b> Investments - publicly traded securities .....   | 241,223,401.             | <b>11</b>   | 165,793,139.           |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 7,020,337.               | <b>13</b>   | 10,411,853.            |
|   | <b>14</b> Intangible assets .....  | 34,500.                  | <b>14</b>   | 34,500.                |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 18,375,649.              | <b>15</b>   | 12,677,327.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 1513230755.  | <b>16</b>                | 1508678077. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 189,563,055.             | <b>17</b>   | 103,356,657.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                        |
|   | <b>19</b> Deferred revenue .....   | 4,054,724.               | <b>19</b>   | 7,072,125.             |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 1122160205.              | <b>20</b>   | 1088258616.            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                        |
|   | <b>22</b> Loans and other payables to 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 .....     |                          | <b>22</b>   |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 105,435,821.             | <b>23</b>   | 207,485,398.           |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 26,069,470.              | <b>24</b>   | 77,149,682.            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 189,425,858.             | <b>25</b>   | 125,881,974.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1636709133.              | <b>26</b>   | 1609204452.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                        |
|   | <b>27</b> Net assets without donor restrictions .....  | -123,526,518.            | <b>27</b>   | -100,574,515.          |
|   | <b>28</b> Net assets with donor restrictions .....   | 48,140.                  | <b>28</b>   | 48,140.                |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                        |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                        |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                        |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                        |
|   | <b>32</b> Total net assets or fund balances .....  | -123,478,378.            | <b>32</b>   | -100,526,375.          |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 1513230755.              | <b>33</b>   | 1508678077.            |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |               |
|----|--|----|---------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 469,880,792.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 482,771,215.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -12,890,423.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | -123,478,378. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 38,550,475.   |
| 6  | Donated services and use of facilities   | 6  |               |
| 7  | Investment expenses  | 7  |               |
| 8  | Prior period adjustments   | 8  |               |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -2,708,049.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | -100,526,375. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2c  | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  | X   |    |
| 3b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     | X   |    |

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 **section 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 on 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 ..... 13
  - 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 |   |   |
| ALLEN MEMORIAL HOSPITAL CORPORATIO   | 42-0698265 | 3   | X   |    | 31,679,260.                                       |   |
| CENTRAL IOWA HOSPITAL CORPORATIO     | 42-0680452 | 3   | X   |    | 85,949,413.                                       |   |
| IOWA PHYSICIANS CLINIC MEDICAL FOUN  | 42-1411630 | 3   | X   |    | 52,826,091.                                       |   |
| MERITER HOSPITAL, INC.               | 39-0806367 | 3   | X   |    | 39,438,436.                                       |   |
| METHODIST MEDICAL CENTER OF ILLINOIS | 37-0661223 | 3   | X   |    | 36,756,164.                                       |   |
| <b>Total</b>                         |            |   |   |    | <b>402,874,024.</b>                               | <b>0.</b>                                       |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |



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

(Complete only if you checked the box on line 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |   |  |
|---|---|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |   |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |   |  |
| <b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |   |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |   |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |   |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |   |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |   |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |   |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   | X |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | X |  |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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): |                |                             |
| 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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2022 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2022</b> | <b>(iii)<br/>Distributable<br/>Amount for 2022</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2022   |                                     |   |  |
| <b>a</b> From 2017   |                                     |   |  |
| <b>b</b> From 2018   |                                     |   |  |
| <b>c</b> From 2019   |                                     |   |  |
| <b>d</b> From 2020   |                                     |   |  |
| <b>e</b> From 2021   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2022 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2022 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2022 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2018  |                                     |   |  |
| <b>b</b> Excess from 2019  |                                     |   |  |
| <b>c</b> Excess from 2020  |                                     |   |  |
| <b>d</b> Excess from 2021  |                                     |   |  |
| <b>e</b> Excess from 2022  |                                     |   |  |

**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.)

SECTION A, LINE 6:

THE ORGANIZATION PROVIDES SUPPORT, IN THE FORM OF GRANTS, TO NONPROFIT ORGANIZATIONS WHICH ARE NOT LISTED IN THE ORGANIZATION'S GOVERNING DOCUMENTS AS A SUPPORTED ORGANIZATION. THESE ORGANIZATIONS' ACTIVITIES ARE DIRECTLY RELATED TO THE FURTHERANCE OF THE EXEMPT PURPOSE OF UNITYPOINT HEALTH AND ITS SUPPORTED ORGANIZATIONS.

SECTION D, LINE 3:

THE BOARD OF DIRECTORS OF THE ORGANIZATION IS MADE UP OF DIRECTORS APPOINTED BY AND FROM EACH OF THE SUPPORTED ORGANIZATIONS' BOARD OF DIRECTORS. THE STANDING COMMITTEES WHICH CONTROL ALL ACTIVITIES REGARDING THE INVESTMENT POLICIES AND DIRECTING THE USE OF THE ORGANIZATION'S INCOME OR ASSETS AT ALL TIMES DURING THE YEAR ARE THE SAME COMMON DIRECTORS APPOINTED BY THE SUPPORTED ORGANIZATIONS.

SECTION E, LINE 3A:

IOWA HEALTH SYSTEM IS A FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS. THE BOARD SHALL CONSIST OF UP TO TWENTY-FIVE PERSONS, WITH EACH HOSPITAL HAVING THE POWER TO APPOINT BOARD OF DIRECTOR MEMBERS, INCLUDING UP TO SIX AT-LARGE MEMBERS AS DETERMINED BY THE BOARD OF DIRECTORS AND SUBJECT TO THE ARTICLES OF INCORPORATION.

THE BOARD SHALL ELECT AND APPOINT A COMPETENT PRESIDENT WHO SHALL BE ITS DIRECT EXECUTIVE REPRESENTATIVE IN THE MANAGEMENT OF THE CORPORATION. THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION, AND, SUBJECT TO THE DIRECTION AND UNDER THE SUPERVISION OF

**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.)

THE BOARD OF DIRECTORS, SHALL HAVE GENERAL CHARGE OF THE BUSINESS AFFAIRS AND PROPERTY OF THE CORPORATION.

SECTION E, LINE 3B:

IOWA HEALTH SYSTEM IS A FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS. THE BOARD OF DIRECTORS OF IOWA HEALTH SYSTEM HAS FINAL AUTHORITY WITH RESPECT TO: THE APPROVAL OF STRATEGIC PLANS; ADOPTION OF BUSINESS PLANS; INCURRENCE OF LONG-TERM INDEBTEDNESS; SELECTION (AFTER CONSULTATION WITH THE AFFECTED CORPORATION'S BOARD) OF ANY NEW OR REMOVAL OF ANY EXISTING CORPORATE OFFICER; PURSUANT TO THE AFFILIATION AGREEMENT, TRANSFER, SALE OR CLOSURE OF ANY FACILITY, DEPARTMENT OR FUNCTION AT THE CORPORATION; AMEND ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION; MANAGED CARE STRATEGY AND EXECUTION OF MANAGED CARE CONTRACTS; AND PAYMENTS OR TRANSFER OF ASSETS BETWEEN CORPORATE AFFILIATES ANY OF THE ORGANIZATIONS WHOSE SOLE CORPORATE MEMBER RELATIONSHIP TO IOWA HEALTH SYSTEM IS SUBSTANTIALLY SIMILAR TO RELATIONSHIPS DESCRIBED IN THE AFFILIATION AGREEMENTS WITH IOWA HEALTH SYSTEM.

| <b>Part VI Supplemental Information</b> (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation)) |            |  |   |    |                                |                              |
|---|------------|--|---|----|--------------------------------|------------------------------|
| (i) Name of supported organization  | (ii) EIN   | (iii) Type of organization (described on lines 1-10 above) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support | (vi) Amount of other support |
|   |            |  | Yes   | No |                                |                              |
| NORTHWEST IOWA HOSPITAL CORPORATIO  | 42-1019872 | 3  | X   |    | 19,097,130.                    |                              |
| PROCTOR HOSPITAL  | 37-0681540 | 3  | X   |    | 13,245,000.                    |                              |
| ST. LUKE'S METHODIST HOSPITAL   | 42-0504780 | 3  | X   |    | 38,892,000.                    |                              |
| THE FINLEY HOSPITAL   | 42-0680354 | 3  | X   |    | 12,373,838.                    |                              |
| TRINITY MEDICAL CENTER  | 36-2739299 | 3  | X   |    | 46,196,518.                    |                              |
| TRINITY REGIONAL MEDICAL CENTER   | 42-1009175 | 3  | X   |    | 14,682,360.                    |                              |
| UNITY HEALTHCARE  | 42-0680337 | 3  | X   |    | 0.                             |                              |
| UNITYPOINT AT HOME  | 42-1477471 | 3  | X   |    | 11,737,814.                    |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
|   |            |  |   |    |                                |                              |
| <b>Continuation Totals</b>  |            |  |   |    | <b>156,224,660.</b>            |                              |



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

IOWA HEALTH SYSTEM

Employer identification number

42-1435199

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|   |   |
|---|---|
| Name of organization<br><br><b>IOWA HEALTH SYSTEM</b> | Employer identification number<br><br><b>42-1435199</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ 198,176.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ 1,543,030.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>IOWA HEALTH SYSTEM</b> | Employer identification number<br><br><b>42-1435199</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>IOWA HEALTH SYSTEM</b> | Employer identification number<br><br><b>42-1435199</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 organization<br><b>IOWA HEALTH SYSTEM</b> | Employer identification number<br><b>42-1435199</b> |
|---|---|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

**Schedule C (Form 990) 2022**

LHA

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0.   | 0.                                 |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 530,971.   | 596,971.                           |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   | 530,971.   | 596,971.                           |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   | 390813761.   | 5305807829.                        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 391344732.   | 5306404800.                        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 1,000,000.   | 1,000,000.                         |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000.   | 250,000.                           |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.   | 0.                                 |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.   | 0.                                 |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2019   | (b) 2020   | (c) 2021   | (d) 2022   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 796,391.   | 791,108.   | 594,939.   | 596,971.   | 2,779,409. |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           |            |            |            |            |            |

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
IOWA HEALTH SYSTEM

Employer ID Number  
42-1435199

Affiliated Group Member Address  
1776 WEST LAKES PKWY, #400  
WEST DES MOINES, IA 50266

Electing Member  
YES

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 530,971. b                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 530,971. c                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 0. d                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 530,971. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 104,646. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 26,162. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 426,325. i                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ABBE CENTER FOR COMMUNITY MENTAL HEALTH, INC.**

Employer ID Number  
**42-1045257**

Affiliated Group Member Address  
**740 N 15TH AVE., NO. A  
HIAWATHA, IA 52233**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 24,641,859. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 24,641,859. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ABBEHEALTH, INC.**

Employer ID Number  
**42-1373123**

Affiliated Group Member Address  
**740 N 15TH AVE., NO. A  
HIAWATHA, IA 52233**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 1,038,496. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 1,038,496. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 178,850. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 44,713. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
AGING SERVICES, INC.

Employer ID Number  
23-7085316

Affiliated Group Member Address  
740 N 15TH AVE., NO. A  
HIAWATHA, IA 52233

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 2,371,579. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 2,371,579. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 268,579. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 67,145. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ALLEN COLLEGE**

Employer ID Number  
**42-1351526**

Affiliated Group Member Address  
**1825 LOGAN AVENUE  
WATERLOO, IA 50703**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 9,984,090. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 9,984,090. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 649,205. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 162,301. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ALLEN HEALTH SYSTEMS, INC.**

Employer ID Number  
**42-1201924**

Affiliated Group Member Address  
**1825 LOGAN AVENUE  
WATERLOO, IA 50703**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 2,719,660. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 2,719,660. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
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| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 285,983. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 71,496. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ALLEN MEMORIAL HOSPITAL CORPORATION**

Employer ID Number  
**42-0698265**

Affiliated Group Member Address  
**1825 LOGAN AVENUE  
WATERLOO, IA 50703**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 318,426,547. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 318,426,547. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ANAMOSA AREA AMBULANCE SERVICE**

Employer ID Number  
**42-1466284**

Affiliated Group Member Address  
**101 GRANT WOOD DRIVE  
ANAMOSA, IA 52205**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 749,596. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 749,596. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 137,439. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 34,360. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC.**

Employer ID Number  
**42-0733463**

Affiliated Group Member Address  
**3251 WEST NINTH STREET  
WATERLOO, IA 50702**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Amount                             | Line |
|---|------------------------------------|------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... | 0.                                 | 1a   |
| Total lobbying expenditures to influence a legislative body (direct lobbying) ..... | 0.                                 | b    |
| Total lobbying expenditures (add lines 1a and 1b) .....                             | 0.                                 | c    |
| Other exempt purpose expenditures .....   | 5,562,095.                         | d    |
| Total exempt purpose expenditures (add lines 1c and 1d) .....                       | 5,562,095.                         | e    |
| Lobbying nontaxable amount.   |                                    |      |
| Enter the amount from the following table:  |                                    |      |
|   |                                    |      |
| If the amount on line e is:   | The lobbying nontaxable amount is: |      |
| Not over \$500,000  | 20% of the amount on line 1e       |      |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |      |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |      |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |      |
| Over \$17,000,000   | \$1,000,000                        |      |
| .....   | 428,105.                           | f    |
| Grassroots nontaxable amount (enter 25% of line 1f) .....                           | 107,026.                           | g    |
| Subtract line 1g from line 1a (limit to zero) .....                                 | 0.                                 | h    |
| Subtract line 1f from line 1c (limit to zero) .....                                 | 0.                                 | i    |
| Member's share of excess lobbying expenditures .....                                | 0.                                 |      |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**CENTER FOR ALCOHOL AND DRUG SERVICES, INC.**

Employer ID Number  
**42-1134273**

Affiliated Group Member Address  
**4869 FOREST GROVE DRIVE  
 BETTENDORF, IA 52722**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 4,744,305. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 4,744,305. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 387,215. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 96,804. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**CENTRAL IOWA HEALTH SYSTEM**

Employer ID Number  
**42-1189791**

Affiliated Group Member Address  
**1200 PLEASANT STREET  
DES MOINES, IA 50309**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0. 1a  
 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0. b  
 Total lobbying expenditures (add lines 1a and 1b) ..... 0. c  
 Other exempt purpose expenditures ..... 0. d  
 Total exempt purpose expenditures (add lines 1c and 1d). ..... 0. e

Lobbying nontaxable amount.

Enter the amount from the following table:

| If the amount on line e is: | The lobbying nontaxable amount is: |
|-----------------------------|------------------------------------|
| Not over \$500,000          | 20% of the amount on line 1e       |
| > 500,000 <= 1,000,000      | 100,000 + 15% > 500,000            |
| > 1,000,000 <= 1,500,000    | 175,000 + 10% > 1,000,000          |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |
| Over \$17,000,000           | \$1,000,000                        |

..... 0. f  
 Grassroots nontaxable amount (enter 25% of line 1f) ..... 0. g  
 Subtract line 1g from line 1a (limit to zero) ..... 0. h  
 Subtract line 1f from line 1c (limit to zero) ..... 0. i  
 Member's share of excess lobbying expenditures ..... 0.

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**CENTRAL IOWA HOSPITAL CORPORATION**

Employer ID Number  
**42-0680452**

Affiliated Group Member Address  
**1200 PLEASANT STREET  
DES MOINES, IA 50309**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 962,610,325. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 962,610,325. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES**

Employer ID Number  
**42-0942273**

Affiliated Group Member Address  
**945 19TH STREET  
DES MOINES, IA 50314**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|------------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Other exempt purpose expenditures .....   | 14,957,452. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 14,957,452. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 897,873. f |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 224,468. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**FINLEY TRI-STATES HEALTH GROUP, INC.**

Employer ID Number  
**42-1307495**

Affiliated Group Member Address  
**350 NORTH GRANDVIEW AVENUE  
DUBUQUE, IA 52001**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|  | 0.                                 | Line                               |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
|--|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|----|---|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | 0.                                 | 1a                                 |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | 0.                                 | b                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total lobbying expenditures (add lines 1a and 1b) .....  | 0.                                 | c                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Other exempt purpose expenditures .....  | 0.                                 | d                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total exempt purpose expenditures (add lines 1c and 1d). .....   | 0.                                 | e                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Lobbying nontaxable amount.  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Enter the amount from the following table:   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If the amount on line e is:</th> <th style="text-align: center;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Not over \$500,000</td> <td style="text-align: center;">20% of the amount on line 1e</td> </tr> <tr> <td style="text-align: center;">&gt; 500,000 &lt;= 1,000,000</td> <td style="text-align: center;">100,000 + 15% &gt; 500,000</td> </tr> <tr> <td style="text-align: center;">&gt; 1,000,000 &lt;= 1,500,000</td> <td style="text-align: center;">175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td style="text-align: center;">&gt; 1,500,000 &lt;= 17,000,000</td> <td style="text-align: center;">225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td style="text-align: center;">Over \$17,000,000</td> <td style="text-align: center;">\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 0. | f |
| If the amount on line e is:  | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Not over \$500,000   | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 500,000 <= 1,000,000   | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 1,000,000 <= 1,500,000   | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 1,500,000 <= 17,000,000  | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Over \$17,000,000  | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Grassroots nontaxable amount (enter 25% of line 1f) .....  | 0.                                 | g                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Subtract line 1g from line 1a (limit to zero) .....  | 0.                                 | h                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Subtract line 1f from line 1c (limit to zero) .....  | 0.                                 | i                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Member's share of excess lobbying expenditures .....   | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**GRINNELL REGIONAL MEDICAL CENTER**

Employer ID Number  
**42-0933383**

Affiliated Group Member Address  
**210 FOURTH AVENUE  
GRINNELL, IA 50112**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 55,954,166. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 55,954,166. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**GRINNELL REGIONAL MEDICAL CENTER FOUNDATION**

Employer ID Number  
**42-1454737**

Affiliated Group Member Address  
**210 FOURTH AVENUE  
GRINNELL, IA 50112**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 148,498. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 148,498. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">If the amount on line e is:</th> <th style="text-align: center;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 29,700. f                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 7,425. g                           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
HULT CENTER FOR HEALTHY LIVING, INC.

Employer ID Number  
36-3510390

Affiliated Group Member Address  
5409 N KNOXVILLE AVE  
PEORIA, IL 61614

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 1,026,363. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 1,026,363. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 177,636. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 44,409. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**HUMAN SERVICE CENTER**

Employer ID Number  
**37-1004882**

Affiliated Group Member Address  
**600 FAYETTE, PO BOX 1346  
PEORIA, IL 61654**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|------------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Other exempt purpose expenditures .....   | 15,914,729. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 15,914,729. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 945,736. f |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 236,434. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
IOWA HEALTH FOUNDATION

Employer ID Number  
42-1467682

Affiliated Group Member Address  
1415 WOODLAND AVE., SUITE E-200  
DES MOINES, IA 50309

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 15,217,027. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 15,217,027. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 910,851. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 227,713. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION

Employer ID Number  
42-1411630

Affiliated Group Member Address  
1776 WEST LAKES PKWY, #400  
WEST DES MOINES, IA 50266

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 594,579,724. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 594,579,724. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**MEMORIAL FOUNDATION OF ALLEN HOSPITAL**

Employer ID Number  
**42-1201138**

Affiliated Group Member Address  
**1825 LOGAN AVENUE  
WATERLOO, IA 50703**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|  | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|--|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....  | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....  | 2,726,889. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....  | 2,726,889. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
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| If the amount on line e is:  | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000   | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000   | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000   | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000  | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000  | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....  | 286,344. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....  | 71,586. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....  | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....  | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....   | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**MERITER FOUNDATION, INC.**

Employer ID Number  
**23-7098688**

Affiliated Group Member Address  
**202 SOUTH PARK STREET  
MADISON, WI 53715**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 933,922. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 933,922. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 165,088. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 41,272. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**MERITER HEALTH SERVICES, INC.**

Employer ID Number  
**39-1412318**

Affiliated Group Member Address  
**202 SOUTH PARK STREET  
MADISON, WI 53715**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 512,315. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 512,315. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 101,847. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 25,462. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**MERITER HOSPITAL, INC.**

Employer ID Number  
**39-0806367**

Affiliated Group Member Address  
**202 SOUTH PARK STREET  
MADISON, WI 53715**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 469,380,304. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 469,380,304. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**METHODIST HEALTH SERVICES CORPORATION**

Employer ID Number  
**37-1111135**

Affiliated Group Member Address  
**221 NORTHEAST GLEN OAK AVENUE  
PEORIA, IL 61636**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0. 1a  
 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0. b  
 Total lobbying expenditures (add lines 1a and 1b) ..... 0. c  
 Other exempt purpose expenditures ..... 0. d  
 Total exempt purpose expenditures (add lines 1c and 1d). ..... 0. e

Lobbying nontaxable amount.

Enter the amount from the following table:

| If the amount on line e is: | The lobbying nontaxable amount is: |
|-----------------------------|------------------------------------|
| Not over \$500,000          | 20% of the amount on line 1e       |
| > 500,000 <= 1,000,000      | 100,000 + 15% > 500,000            |
| > 1,000,000 <= 1,500,000    | 175,000 + 10% > 1,000,000          |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |
| Over \$17,000,000           | \$1,000,000                        |

..... 0. f  
 Grassroots nontaxable amount (enter 25% of line 1f) ..... 0. g  
 Subtract line 1g from line 1a (limit to zero) ..... 0. h  
 Subtract line 1f from line 1c (limit to zero) ..... 0. i  
 Member's share of excess lobbying expenditures ..... 0.



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**METHODIST MEDICAL CENTER FOUNDATION**

Employer ID Number  
**51-0186460**

Affiliated Group Member Address  
**221 NORTHEAST GLEN OAK AVENUE  
PEORIA, IL 61636**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|------------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Other exempt purpose expenditures .....   | 7,438,890. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 7,438,890. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 521,945. f |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 130,486. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**METHODIST MEDICAL CENTER OF ILLINOIS**

Employer ID Number  
**37-0661223**

Affiliated Group Member Address  
**221 NORTHEAST GLEN OAK AVENUE  
PEORIA, IL 61636**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 437,146,459. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 437,146,459. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**METHODIST SERVICES, INC.**

Employer ID Number  
**37-1111134**

Affiliated Group Member Address  
**221 NORTHEAST GLEN OAK AVENUE  
PEORIA, IL 61636**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|------------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Other exempt purpose expenditures .....   | 11,182,597. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 11,182,597. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 709,130. f |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 177,283. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**NELLIE R. SHERWOOD TRUST**

Employer ID Number  
**42-6061621**

Affiliated Group Member Address  
**1026 A AVENUE NE  
CEDAR RAPIDS, IA 52402**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 7,273. d                           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 7,273. e                           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,455. f                           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 364. g                             |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
NORTHWEST IOWA HOSPITAL CORPORATION

Employer ID Number  
42-1019872

Affiliated Group Member Address  
2720 STONE PARK BLVD.  
SIOUX CITY, IA 51104

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 190,029,484. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 190,029,484. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PARK COURT LIMITED**

Employer ID Number  
**37-1178386**

Affiliated Group Member Address  
**600 SOUTH 13TH STREET  
PEKIN, IL 61554**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 1,639,316. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 1,639,316. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 231,966. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 57,992. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PEKIN MEMORIAL HOSPITAL**

Employer ID Number  
**37-0692351**

Affiliated Group Member Address  
**600 SOUTH 13TH STREET  
PEKIN, IL 61554**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 48,569,400. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 48,569,400. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PRAIRIE VIEW VILLAS NO. 1**

Employer ID Number  
**26-1755679**

Affiliated Group Member Address  
**1900 SPRING ROAD, STE 300  
OAK BROOK, IL 60523**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 167,250. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 167,250. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 33,450. f                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 8,363. g                           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PROCTOR HEALTH SYSTEMS**

Employer ID Number  
**36-4147437**

Affiliated Group Member Address  
**5409 N KNOXVILLE AVE  
PEORIA, IL 61614**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 2,451,254. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 2,451,254. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 272,563. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 68,141. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PROCTOR HOSPITAL**

Employer ID Number  
**37-0681540**

Affiliated Group Member Address  
**5409 N KNOXVILLE AVE  
PEORIA, IL 61614**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 105,029,699. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 105,029,699. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
SELF INSURANCE TRUST AGREEMENT EST. BY METHODIST MEDICAL CEN

Employer ID Number  
37-6181831

Affiliated Group Member Address  
221 NORTHEAST GLEN OAK AVENUE  
PEORIA, IL 61636

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|  | 0.                                 | Line                               |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
|--|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|----|---|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | 0.                                 | 1a                                 |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | 0.                                 | b                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total lobbying expenditures (add lines 1a and 1b) .....  | 0.                                 | c                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Other exempt purpose expenditures .....  | 0.                                 | d                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Total exempt purpose expenditures (add lines 1c and 1d). .....   | 0.                                 | e                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Lobbying nontaxable amount.  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Enter the amount from the following table:   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
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| If the amount on line e is:  | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Not over \$500,000   | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 500,000 <= 1,000,000   | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 1,000,000 <= 1,500,000   | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| > 1,500,000 <= 17,000,000  | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Over \$17,000,000  | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Grassroots nontaxable amount (enter 25% of line 1f) .....  | 0.                                 | g                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Subtract line 1g from line 1a (limit to zero) .....  | 0.                                 | h                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Subtract line 1f from line 1c (limit to zero) .....  | 0.                                 | i                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |
| Member's share of excess lobbying expenditures .....   | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |    |   |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
SIOUXLAND PACE, INC.

Employer ID Number  
26-1120134

Affiliated Group Member Address  
313 COOK STREET  
SIOUX CITY, IA 51103

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 20,401,090. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 20,401,090. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
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| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ST. LUKE'S HEALTH RESOURCES**

Employer ID Number  
**42-1059182**

Affiliated Group Member Address  
**2720 STONE PARK BLVD.  
SIOUX CITY, IA 51104**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|------------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Other exempt purpose expenditures .....   | 4,853,399. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 4,853,399. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 392,670. f |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 98,168. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
ST. LUKE'S HEALTH SYSTEM, INC.

Employer ID Number  
42-1294091

Affiliated Group Member Address  
2720 STONE PARK BLVD.  
SIOUX CITY, IA 51104

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|  | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|--|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....  | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....  | 4,849,568. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....  | 4,849,568. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:  | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000   | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000   | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000   | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000  | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000  | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....  | 392,478. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....  | 98,120. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....  | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....  | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....   | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ST. LUKE'S HEALTHCARE**

Employer ID Number  
**42-1487968**

Affiliated Group Member Address  
**1026 A AVENUE NE  
CEDAR RAPIDS, IA 52402**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0. 1a  
 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0. b  
 Total lobbying expenditures (add lines 1a and 1b) ..... 0. c  
 Other exempt purpose expenditures ..... 0. d  
 Total exempt purpose expenditures (add lines 1c and 1d). ..... 0. e

Lobbying nontaxable amount.

Enter the amount from the following table:

| If the amount on line e is: | The lobbying nontaxable amount is: |
|-----------------------------|------------------------------------|
| Not over \$500,000          | 20% of the amount on line 1e       |
| > 500,000 <= 1,000,000      | 100,000 + 15% > 500,000            |
| > 1,000,000 <= 1,500,000    | 175,000 + 10% > 1,000,000          |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |
| Over \$17,000,000           | \$1,000,000                        |

..... 0. f  
 Grassroots nontaxable amount (enter 25% of line 1f) ..... 0. g  
 Subtract line 1g from line 1a (limit to zero) ..... 0. h  
 Subtract line 1f from line 1c (limit to zero) ..... 0. i  
 Member's share of excess lobbying expenditures ..... 0.

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ST. LUKE'S METHODIST HOSPITAL**

Employer ID Number  
**42-0504780**

Affiliated Group Member Address  
**1026 A AVENUE NE  
CEDAR RAPIDS, IA 52402**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 421,420,471. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 421,420,471. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**ST. LUKE'S/JONES REGIONAL MEDICAL CENTER**

Employer ID Number  
**42-1487967**

Affiliated Group Member Address  
**1795 HIGHWAY 64 EAST  
ANAMOSA, IA 52205**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 40,141,676. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 40,141,676. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**STL CARE COMPANY**

Employer ID Number  
**42-1276632**

Affiliated Group Member Address  
**1026 A AVENUE NE  
CEDAR RAPIDS, IA 52402**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 11,283,247. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 11,283,247. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 714,162. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 178,541. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TAZWOOD MENTAL HEALTH CENTER, INC.**

Employer ID Number  
**37-1278969**

Affiliated Group Member Address  
**3248 VANDEVER AVE  
PEKIN, IL 61554**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|  | Amount                             | Line                               |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
|--|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|----------|---|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | 0.                                 | 1a                                 |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | 0.                                 | b                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Total lobbying expenditures (add lines 1a and 1b) .....  | 0.                                 | c                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Other exempt purpose expenditures .....  | 3,475,439.                         | d                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Total exempt purpose expenditures (add lines 1c and 1d) .....  | 3,475,439.                         | e                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Lobbying nontaxable amount.  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Enter the amount from the following table:   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| <table border="1"> <thead> <tr> <th style="text-align: center;">If the amount on line e is:</th> <th style="text-align: center;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 323,772. | f |
| If the amount on line e is:  | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Not over \$500,000   | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| > 500,000 <= 1,000,000   | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| > 1,000,000 <= 1,500,000   | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| > 1,500,000 <= 17,000,000  | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Over \$17,000,000  | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Grassroots nontaxable amount (enter 25% of line 1f) .....  | 80,943.                            | g                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Subtract line 1g from line 1a (limit to zero) .....  | 0.                                 | h                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Subtract line 1f from line 1c (limit to zero) .....  | 0.                                 | i                                  |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |
| Member's share of excess lobbying expenditures .....   | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |          |   |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**THE DUBUQUE VISITING NURSE ASSOCIATION**

Employer ID Number  
**42-0680410**

Affiliated Group Member Address  
**350 NORTH GRANDVIEW AVENUE  
DUBUQUE, IA 52001**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 3,000,873. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 3,000,873. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 300,044. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 75,011. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**THE FINLEY HOSPITAL**

Employer ID Number  
**42-0680354**

Affiliated Group Member Address  
**350 NORTH GRANDVIEW AVENUE  
DUBUQUE, IA 52001**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 130,937,345. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 130,937,345. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH**

Employer ID Number  
**36-3678909**

Affiliated Group Member Address  
**2701 17TH STREET  
ROCK ISLAND, IL 61201**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 66,000. b                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 66,000. c                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 28,369,406. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 28,435,406. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRIMARK PHYSICIANS GROUP**

Employer ID Number  
**45-3791448**

Affiliated Group Member Address  
**802 KENYON ROAD  
FORT DODGE, IA 50501**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0. 1a  
 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0. b  
 Total lobbying expenditures (add lines 1a and 1b) ..... 0. c  
 Other exempt purpose expenditures ..... 0. d  
 Total exempt purpose expenditures (add lines 1c and 1d). ..... 0. e

Lobbying nontaxable amount.

Enter the amount from the following table:

| If the amount on line e is: | The lobbying nontaxable amount is: |
|-----------------------------|------------------------------------|
| Not over \$500,000          | 20% of the amount on line 1e       |
| > 500,000 <= 1,000,000      | 100,000 + 15% > 500,000            |
| > 1,000,000 <= 1,500,000    | 175,000 + 10% > 1,000,000          |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |
| Over \$17,000,000           | \$1,000,000                        |

..... 0. f  
 Grassroots nontaxable amount (enter 25% of line 1f) ..... 0. g  
 Subtract line 1g from line 1a (limit to zero) ..... 0. h  
 Subtract line 1f from line 1c (limit to zero) ..... 0. i  
 Member's share of excess lobbying expenditures ..... 0.

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
TRINITY COLLEGE OF NURSING & HEALTH SCIENCES

Employer ID Number  
81-0994377

Affiliated Group Member Address  
2122 25TH AVE  
ROCK ISLAND, IL 61201

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 2,431,661. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 2,431,661. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 271,583. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 67,896. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRINITY HEALTH FOUNDATION**

Employer ID Number  
**42-1222381**

Affiliated Group Member Address  
**802 KENYON ROAD  
FORT DODGE, IA 50501**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 1,619,879. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 1,619,879. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 230,994. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 57,749. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRINITY HEALTH FOUNDATION**

Employer ID Number  
**36-3321751**

Affiliated Group Member Address  
**2701 17TH STREET  
ROCK ISLAND, IL 61201**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 1,739,568. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 1,739,568. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 236,978. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 59,245. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRINITY HEALTH SYSTEMS, INC.**

Employer ID Number  
**42-1222877**

Affiliated Group Member Address  
**802 KENYON ROAD  
FORT DODGE, IA 50501**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|------------|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Other exempt purpose expenditures .....   | 1,545,676. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 1,545,676. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 | 227,284. f |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 56,821. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |            |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRINITY MEDICAL CENTER**

Employer ID Number  
**36-2739299**

Affiliated Group Member Address  
**2701 17TH STREET  
ROCK ISLAND, IL 61201**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 447,013,402. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d). .....  | 447,013,402. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRINITY REGIONAL HEALTH SYSTEM**

Employer ID Number  
**36-3351952**

Affiliated Group Member Address  
**2701 17TH STREET  
ROCK ISLAND, IL 61201**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0.

Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0.

Total lobbying expenditures (add lines 1a and 1b) ..... 0.

Other exempt purpose expenditures ..... 8.

Total exempt purpose expenditures (add lines 1c and 1d). ..... 8.

**Line**  
1a  
b  
c  
d  
e

Lobbying nontaxable amount.

Enter the amount from the following table:

| If the amount on line e is: | The lobbying nontaxable amount is: |
|-----------------------------|------------------------------------|
| Not over \$500,000          | 20% of the amount on line 1e       |
| > 500,000 <= 1,000,000      | 100,000 + 15% > 500,000            |
| > 1,000,000 <= 1,500,000    | 175,000 + 10% > 1,000,000          |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |
| Over \$17,000,000           | \$1,000,000                        |

..... 2.

Grassroots nontaxable amount (enter 25% of line 1f) ..... 1.

Subtract line 1g from line 1a (limit to zero) ..... 0.

Subtract line 1f from line 1c (limit to zero) ..... 0.

Member's share of excess lobbying expenditures ..... 0.

f  
g  
h  
i

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**TRINITY REGIONAL MEDICAL CENTER**

Employer ID Number  
**42-1009175**

Affiliated Group Member Address  
**802 KENYON ROAD  
FORT DODGE, IA 50501**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 148,780,682. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 148,780,682. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**UNITY HEALTHCARE**

Employer ID Number  
**42-0680337**

Affiliated Group Member Address  
**1518 MULBERRY AVENUE  
MUSCATINE, IA 52761**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 51,300,024. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 51,300,024. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C** Affiliated Group Lobbying Expenditures  
Part II -A

Name of Affiliated Group Member  
**UNITY HEALTHCARE FOUNDATION**

Employer ID Number  
**42-1525031**

Affiliated Group Member Address  
**1518 MULBERRY AVENUE  
MUSCATINE, IA 52761**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 892,311. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 892,311. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 158,847. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 39,712. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |



**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
UNITYPOINT HEALTH - MARSHALLTOWN

Employer ID Number  
81-5034179

Affiliated Group Member Address  
1825 LOGAN AVENUE  
WATERLOO, IA 50703

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 66,648,563. d                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 66,648,563. e                      |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**UNITYPOINT HEALTH - MARSHALLTOWN FOUNDATION**

Employer ID Number  
**42-1388518**

Affiliated Group Member Address  
**55 UNITYPOINT WAY  
 MARSHALLTOWN, IA 50158**

Electing Member  
**NO**

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 806,741. d                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 806,741. e                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 146,011. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 36,503. g                          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
UNITYPOINT HEALTH-UNITYPLACE

Employer ID Number  
83-4051901

Affiliated Group Member Address  
221 NORTHEAST GLEN OAK AVENUE  
PEORIA, IL 61636

Electing Member  
NO

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying) ..... 0. 1a  
 Total lobbying expenditures to influence a legislative body (direct lobbying) ..... 0. b  
 Total lobbying expenditures (add lines 1a and 1b) ..... 0. c  
 Other exempt purpose expenditures ..... 0. d  
 Total exempt purpose expenditures (add lines 1c and 1d). ..... 0. e

Lobbying nontaxable amount.

Enter the amount from the following table:

| If the amount on line e is: | The lobbying nontaxable amount is: |
|-----------------------------|------------------------------------|
| Not over \$500,000          | 20% of the amount on line 1e       |
| > 500,000 <= 1,000,000      | 100,000 + 15% > 500,000            |
| > 1,000,000 <= 1,500,000    | 175,000 + 10% > 1,000,000          |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |
| Over \$17,000,000           | \$1,000,000                        |

..... 0. f  
 Grassroots nontaxable amount (enter 25% of line 1f) ..... 0. g  
 Subtract line 1g from line 1a (limit to zero) ..... 0. h  
 Subtract line 1f from line 1c (limit to zero) ..... 0. i  
 Member's share of excess lobbying expenditures ..... 0.

**Part IV** Supplemental Information (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
UNITYPOINT AT HOME

Employer ID Number  
42-1477471

Affiliated Group Member Address  
1776 WEST LAKES PKWY, #400  
WEST DES MOINES, IA 50266

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 206,545,803. d                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 206,545,803. e                     |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
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| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 1,000,000. f                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

**Part IV** Supplemental Information *(continued)*

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
UNITYPOINT HEALTH AT WORK

Employer ID Number  
81-0872241

Affiliated Group Member Address  
1776 WEST LAKES PKWY, #400  
WEST DES MOINES, IA 50266

Electing Member  
NO

**Limits on Lobbying Expenditures:**

|   | Line                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
|---|------------------------------------|------------------------------------|--------------------|------------------------------|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|--------------------------|-------------------|-------------|--|
| Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 0. 1a                              |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 0. b                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total lobbying expenditures (add lines 1a and 1b) .....   | 0. c                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Other exempt purpose expenditures .....   | 9,075,673. d                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Total exempt purpose expenditures (add lines 1c and 1d) .....   | 9,075,673. e                       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Lobbying nontaxable amount.   |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Enter the amount from the following table:  |                                    |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line e is:        | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | > 500,000 <= 1,000,000 | 100,000 + 15% > 500,000 | > 1,000,000 <= 1,500,000 | 175,000 + 10% > 1,000,000 | > 1,500,000 <= 17,000,000 | 225,000 + 5% > 1,500,000 | Over \$17,000,000 | \$1,000,000 |  |
| If the amount on line e is:   | The lobbying nontaxable amount is: |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Not over \$500,000  | 20% of the amount on line 1e       |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 500,000 <= 1,000,000  | 100,000 + 15% > 500,000            |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,000,000 <= 1,500,000  | 175,000 + 10% > 1,000,000          |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| > 1,500,000 <= 17,000,000   | 225,000 + 5% > 1,500,000           |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Over \$17,000,000   | \$1,000,000                        |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| .....   | 603,784. f                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Grassroots nontaxable amount (enter 25% of line 1f) .....   | 150,946. g                         |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1g from line 1a (limit to zero) .....   | 0. h                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Subtract line 1f from line 1c (limit to zero) .....   | 0. i                               |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |
| Member's share of excess lobbying expenditures .....  | 0.                                 |                                    |                    |                              |                        |                         |                          |                           |                           |                          |                   |             |  |

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

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

**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 make 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 program
  - 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 on 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                     | 48,139.          | 48,139.        | 48,139.            | 48,139.              | 48,139.             |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 48,139.          | 48,139.        | 48,139.            | 48,139.              | 48,139.             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 0.0000 %
  - c Term endowment 100 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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  |                                      |                                 |                              |                    |
| b Buildings  |                                      | 2,620,315.                      | 1,174,783.                   | 1,445,532.         |
| c Leasehold improvements   |                                      | 17,986,324.                     | 10,230,843.                  | 7,755,481.         |
| d Equipment  |                                      | 630,083,226.                    | 586,880,529.                 | 43,202,697.        |
| e Other  |                                      | 20,885,070.                     |                              | 20,885,070.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>73,288,780.</b> |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (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)   |                |   |
| <b>Total.</b> (Col. (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)   |                |
| <b>Total.</b> (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) <b>SELF-INSURANCE RESERVE</b>   | 5,489,247.     |
| (3) <b>SWAP LIABILITY</b>   | 18,709,696.    |
| (4) <b>LONG-TERM RETENTION INCENTIVES</b>                                 | 7,906,323.     |
| (5) <b>DUE TO AFFILIATES</b>  | 81,386,079.    |
| (6) <b>OPERATING LEASE LIABILITY</b>                                      | 12,587,517.    |
| (7) <b>INCOME TAXES PAYABLE</b>   | -196,888.      |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

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 FASB 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           | 496,099,000. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |              |
|   | a Net unrealized gains (losses) on investments                                  | 2a | 37,190,228. |              |
|   | b Donated services and use of facilities  | 2b |             |              |
|   | c Recoveries of prior year grants   | 2c |             |              |
|   | d Other (Describe in Part XIII.)  | 2d | 138.        |              |
|   | e Add lines 2a through 2d   | 2e |             | 37,190,366.  |
| 3 | Subtract line 2e from line 1  |    | 3           | 458,908,634. |
| 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 | 230,404.    |              |
|   | b Other (Describe in Part XIII.)  | 4b | 10,741,754. |              |
|   | c Add lines 4a and 4b   | 4c |             | 10,972,158.  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5           | 469,880,792. |

**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        | 482,541,000. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |              |
|   | a Donated services and use of facilities   | 2a |          |              |
|   | b Prior year adjustments   | 2b |          |              |
|   | c Other losses   | 2c |          |              |
|   | d Other (Describe in Part XIII.)   | 2d | 189.     |              |
|   | e Add lines 2a through 2d  | 2e |          | 189.         |
| 3 | Subtract line 2e from line 1   |    | 3        | 482,540,811. |
| 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 | 230,404. |              |
|   | b Other (Describe in Part XIII.)   | 4b |          |              |
|   | c Add lines 4a and 4b  | 4c |          | 230,404.     |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5        | 482,771,215. |

**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.

**PART V, LINE 4:**

THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION. IN ADDITION, SOME FUNDS ARE HELD FOR INVESTMENT IN PERPETUITY.

**PART X, LINE 2:**

UNITYPOINT HEALTH AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2) OF THE INTERNAL REVENUE CODE (THE CODE). TAX-EXEMPT ORGANIZATIONS ARE NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO SECTION 501(A) OF THE CODE. THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND

**Part XIII** Supplemental Information (continued)

STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME AS DESCRIBED UNDER PROVISIONS OF SECTION 511 OF THE CODE.

THE SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U.S. FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2019. THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME, IF ANY, DURING THE CARRYFORWARD PERIOD. DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE SUBSIDIARIES WERE NOT MATERIAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 138.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUES IN NET ASSETS WITHOUT DONOR RESTRICTIONS 10,741,754.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 189.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| <b>1 (a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| NATIONAL PERINATAL ASSOCIATION<br>PO BOX 392<br>LONEDELL, MO 63060 | 31-0918076     | 501(C)(3)                              | 79,119.                         | 0.                                      |  |  | PROGRAM SUPPORT                           |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |

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

**3** Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

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

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

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

PART I, LINE 2:

THE ORGANIZATION REQUIRES EACH RECIPIENT OF THE GRANTS MENTIONED IN PART II & III (OTHER THAN ASSISTANCE TO RELATED ORGANIZATIONS IN THE FORM OF WORKING CAPITAL) TO APPLY FOR THE GRANT AND OUTLINES A SERIES OF ELIGIBILITY STANDARDS THAT ARE REQUIRED TO BE MET. THE ORGANIZATION THEN REVIEWS THESE APPLICATIONS, AND BASED ON NEED AND ELIGIBILITY, A COMMITTEE MAKES THE FINAL DECISION ON ALL GRANT RECIPIENTS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

IOWA HEALTH SYSTEM

Employer identification number

42-1435199

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> | X   |    |
| <b>4b</b> | X   |    |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**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 aren't 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 and/or 1099-NEC 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 |  |                         |                                 |   |
| CLAY HOLDERMAN<br>PRESIDENT/CEO                                | (i)  | 1,450,307.   | 571,182.                            | 35,902.                             | 308,188.                                       | 29,016.                 | 2,394,595.                      | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| DAVID WILLIAMS, MD<br>CHIEF CLINICAL OFFICER SVP               | (i)  | 621,411.   | 186,356.                            | 998,402.                            | 109,914.                                       | 24,728.                 | 1,940,811.                      | 871,441.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| DAVID STARK<br>PRESIDENT/CEO-DSM                               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 573,849.   | 172,266.                            | 900,559.                            | 102,789.                                       | 25,675.                 | 1,775,138.                      | 817,368.  |
| MARK JOHNSON<br>VP CONSOLIDATED SERVICES                       | (i)  | 356,610.   | 96,587.                             | 1,001,156.                          | 66,736.  | 25,872.                 | 1,546,961.                      | 955,680.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| JOHN SHEEHAN, CHIEF<br>OPERATING OFFICER SVP (TO 7/22)         | (i)  | 460,574.   | 237,174.                            | 568,685.                            | 15,250.  | 8,936.                  | 1,290,619.                      | 192,653.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| SCOTT KIZER<br>CHIEF LEGAL OFFICER SVP                         | (i)  | 802,703.   | 240,012.                            | 45,154.                             | 135,250.                                       | 20,916.                 | 1,244,035.                      | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| LEAH GLASGO, PRESIDENT/CEO-FD<br>INTERIM PRES/CEO-SC (FR 7/22) | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 459,262.   | 153,147.                            | 455,249.                            | 69,078.  | 31,720.                 | 1,168,456.                      | 399,489.  |
| PETER D. WATSON<br>CHIEF FINANCIAL OFFICER SVP                 | (i)  | 792,673.   | 83,081.                             | 26,571.                             | 135,250.                                       | 23,366.                 | 1,060,941.                      | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| DANIEL CARPENTER<br>CHIEF STRATEGY OFFICER SVP                 | (i)  | 619,854.   | 198,606.                            | 17,608.                             | 140,839.                                       | 22,622.                 | 999,529.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| SUSAN ERICKSON, PRES/CEO-WI (TO 6/22)<br>COO SVP (FR 7/22)     | (i)  | 322,136.   | 0.                                  | 9,930.                              | 118,152.                                       | 7,468.                  | 457,686.                        | 0.  |
|  | (ii) | 256,768.   | 166,447.                            | 11,971.                             | 12,200.  | 14,997.                 | 462,383.                        | 0.  |
| KEITH KNEPP, MD<br>PRESIDENT/CEO-PM                            | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 554,435.   | 167,497.                            | 17,351.                             | 116,984.                                       | 26,896.                 | 883,163.                        | 0.  |
| MICHELLE NIERMANN<br>PRES/CEO-CR                               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 514,622.   | 171,213.                            | 14,777.                             | 93,482.  | 29,217.                 | 823,311.                        | 0.  |
| ART NIZZA<br>EVP/COO (TO 02/21)                                | (i)  | 0.   | 0.                                  | 814,375.                            | 0.   | 0.                      | 814,375.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| ROBERT ERICKSON<br>PRESIDENT/CEO-QC                            | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 510,076.   | 153,613.                            | 16,992.                             | 98,448.  | 31,683.                 | 810,812.                        | 0.  |
| LAURA SMITH<br>CHIEF INFORMATION OFFICER SVP                   | (i)  | 507,525.   | 147,602.                            | 10,039.                             | 92,092.  | 20,225.                 | 777,483.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| PAMELA DELAGARDELLE<br>PRESIDENT/CEO-WAT                       | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 497,754.   | 155,204.                            | 18,852.                             | 88,702.  | 16,261.                 | 776,773.                        | 0.  |

**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 aren't 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 and/or 1099-NEC 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 |  |                         |                                 |   |
| PATRICIA NEWLAND, MD, VP MED DR PC<br>(TO 8/22) PRES/CEO-IPCMF (FR 8/22) | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 501,438.   | 194,803.                            | 3,844.                              | 44,096.  | 26,651.                 | 770,832.                        | 0.  |
| AARON GILLINGHAM<br>CHIEF HUMAN RESOURCES OFFICER SVP                    | (i)  | 576,756.   | 0.                                  | 47,041.                             | 97,750.  | 28,712.                 | 750,259.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| MARCEL DEVETTEN, MD<br>CHIEF QUALITY OFFICER                             | (i)  | 493,863.   | 123,050.                            | 20,658.                             | 75,670.  | 21,974.                 | 735,215.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| D'ANDRE CARPENTER, DNP, RN<br>CHIEF NURSING OFFICER (FR 9/22)            | (i)  | 358,210.   | 150,000.                            | 74,668.                             | 69,192.  | 5,958.                  | 658,028.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| DENNY DRAKE, FRMR SVP CORP INTEGRITY<br>GENERAL COUNSEL (TO 12/20)       | (i)  | 0.   | 0.                                  | 630,360.                            | 0.   | 13,869.                 | 644,229.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| JAMES ARNETT<br>PRESIDENT/CEO-WI (FR 6/22)                               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 372,083.   | 96,354.                             | 6,760.                              | 63,164.  | 28,450.                 | 566,811.                        | 0.  |
| CHAD WOLBERS<br>PRES/CEO-DUB   | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 333,875.   | 116,829.                            | 6,054.                              | 66,850.  | 29,108.                 | 552,716.                        | 0.  |
| LORENZO SUTER<br>PRES/CEO-SC (TO 7/22)                                   | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 266,375.   | 60,010.                             | 193,227.                            | 6,100.   | 25,575.                 | 551,287.                        | 0.  |
| TODD BURCHILL, EXECUTIVE<br>DIRECTOR BUSINESS DEVELOPMENT                | (i)  | 287,098.   | 58,066.                             | 138,847.                            | 15,250.  | 31,578.                 | 530,839.                        | 116,979.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| WENDY MORTIMORE<br>CHIEF MEDICAL INF OFFICER                             | (i)  | 378,513.   | 95,580.                             | 933.                                | 15,250.  | 28,252.                 | 518,528.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| DEBRA KING<br>DEPUTY GENERAL COUNSEL                                     | (i)  | 306,438.   | 100,206.                            | 7,036.                              | 46,452.  | 19,921.                 | 480,053.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| KEVIN VERMEER<br>FRMR PRESIDENT/CEO (TO 04/20)                           | (i)  | 0.   | 0.                                  | 476,649.                            | 0.   | 0.                      | 476,649.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| THEODORE TOWNSEND, FRMR PRES/CEO-CR<br>FRMR INT PRES/CEO-DUB (TO 12/18)  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (ii) | 0.   | 0.                                  | 462,778.                            | 0.   | 0.                      | 462,778.                        | 462,778.  |
| RENEE RASMUSSEN<br>VP REVENUE CYCLE (TO 4/22)                            | (i)  | 108,504.   | 90,908.                             | 234,118.                            | 7,637.   | 12,747.                 | 453,914.                        | 217,684.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| MATTHEW WARRENS<br>MANAGING DIRECTOR INNOVATION CENTER                   | (i)  | 318,657.   | 79,000.                             | 8,188.                              | 15,250.  | 21,021.                 | 442,116.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| CATHERINE RANHEIM, MD<br>BOARD MEMBER (TO 05/22)                         | (i)  | 244,197.   | 35,172.                             | 5,323.                              | 10,398.  | 694.                    | 295,784.                        | 0.  |
|  | (ii) | 111,313.   | 0.                                  | 170.                                | 4,852.   | 590.                    | 116,925.                        | 0.  |

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**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 and/or 1099-NEC 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 |  |                         |                                 |   |
| NARENDRA MANSHARAMANI              | (i)  | 0.   | 0.                                  | 409,085.                            | 0.   | 0.                      | 409,085.                        | 0.  |
| VP/FINANCIAL OPERATIONS (TO 12/21) | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| KYLE CHRISTIASON, MD               | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| BOARD MEMBER                       | (ii) | 335,812.   | 0.                                  | 1,104.                              | 15,250.  | 26,849.                 | 379,015.                        | 0.  |
| RICHARD SEIDLER                    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| FRMR PRESIDENT/CEO-QC (TO 05/19)   | (ii) | 0.   | 0.                                  | 367,341.                            | 0.   | 0.                      | 367,341.                        | 367,341.  |
| ANDREA WHITE, MD                   | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| BOARD MEMBER                       | (ii) | 320,566.   | 8,478.                              | 1,253.                              | 15,250.  | 9,348.                  | 354,895.                        | 0.  |
| SUSAN THOMPSON                     | (i)  | 0.   | 0.                                  | 278,902.                            | 0.   | 0.                      | 278,902.                        | 278,902.  |
| INTERIM PRESIDENT/CEO (TO 02/21)   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |



**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.

**PART I, LINE 1A:****TRAVEL:**

CEO AND BOARD MEMBERS USE PRIVATE CHARTER FOR BUSINESS TRAVEL BETWEEN  
AFFILIATE CITIES AND FOR BOARD OF DIRECTOR MEETINGS. THIS TRAVEL IS FOR  
BUSINESS PURPOSES ONLY. NO FIRST CLASS COMMERCIAL TRAVEL IS REIMBURSED.

**TRAVEL FOR COMPANIONS:**

SPOUSES SOMETIMES ACCOMPANY BOARD MEMBERS AND/OR OFFICERS ON ORGANIZATIONAL  
ACTIVITIES, INCLUDING BOARD RETREATS. THE ADDITIONAL COST ATTRIBUTABLE TO  
THE SPOUSE IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBER OR  
OFFICER AND REPORTED AS APPROPRIATE TO THE IRS.

**TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:**

IF AN INDIVIDUAL IS PROVIDED SOMETHING FROM THE EMPLOYER OF VALUE, SUCH AS  
A PAID BENEFIT, GIFT CARD OR GIFT, WHICH IS CONSIDERED TAXABLE INCOME, THEN  
THE EMPLOYER WILL ADD IMPUTED AMOUNTS TO PAYCHECK IN ORDER TO TAX  
APPROPRIATELY.

**PART I, LINES 4A-B:**

**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.

**SEVERANCE PAYMENTS:**

THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS DURING THE YEAR

THAT WERE INCLUDED IN THEIR TAXABLE INCOME: DENNIS DRAKE \$630,36; NARENDA

MANSHARAMANI \$318,750; ARTHUR NIZZA \$814,375; JOHN SHEEHAN \$359,175;

LORENZO SUTER \$187,131; AND KEVIN VERMEER \$476,649.

**NONQUALIFIED RETIREMENT PLAN CONTRIBUTIONS:**

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED CONTRIBUTIONS IN A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: JAMES ARNETT \$50,964; D'ANDRE

CARPENTER \$53,942; DANIEL CARPENTER \$125,589; PAM DELAGARDELLE \$73,452;

MARCEL DEVETTEN, MD \$60,420; ROBERT ERICKSON \$83,198; SUSAN ERICKSON

\$108,417; AARON GILLINGHAM \$82,500; LEAH GLASGO \$53,828; CLAY HOLDERMAN

\$292,938; MARK JOHNSON \$51,486; DEBRA KING \$31,202; SCOTT KIZER \$120,000;

KEITH KNEPP, MD \$101,734; PATRICIA NEWLAND, MD \$28,846; MICHELLE NIERMANN

\$78,232; LAURA SMITH \$76,842; DAVID STARK \$87,539; PETER WATSON \$120,000;

DAVID WILLIAMS, MD \$94,664; AND CHAD WOLBERS \$54,461.

**NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS:**

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A

**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.

SUPPLEMENTAL NON-QUALIFIED PLAN: TODD BURCHILL \$127,241; LEAH GLASGO  
\$449,085; MARK JOHNSON \$993,522; RENEE RASMUSSEN \$230,544; RICHARD SEIDLER  
\$367,341; JOHN SHEEHAN \$192,653; DAVID STARK \$883,999; SUSAN THOMPSON  
\$278,902; THEODORE TOWNSEND, JR \$462,778; AND DAVID WILLIAMS, MD \$976,965.  
PAYOUTS ARE MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 1

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

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

| <b>Part I Bond Issues</b>                         |                |             |                 |                 |                            |              |    |                         |    |                      |    |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name                                   | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|   |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A IOWA FINANCE AUTHORITY</b>                   | 52-1699886     | 462466ET6   | 10/03/13        | 79120000.       | SEE PART VI                |              | X  |                         | X  |                      | X  |
| <b>B IOWA FINANCE AUTHORITY</b>                   | 52-1699886     | 97670FBE0   | 05/21/14        | 259106530.      | SEE PART VI                | X            |    |                         | X  |                      | X  |
| <b>C WISC HEALTH &amp; EDUCATIONAL FACILITIES</b> | 39-1337855     | NONE        | 08/09/22        | 4,650,000.      | SEE PART VI                |              | X  |                         | X  |                      | X  |
| <b>D WISC HEALTH &amp; EDUCATIONAL FACILITIES</b> | 39-1337855     | NONE        | 08/09/22        | 16170000.       | SEE PART VI                |              | X  |                         | X  |                      | X  |

| <b>Part II Proceeds</b>  |             |    |              |    |            |    |             |    |  |   |
|--|-------------|----|--------------|----|------------|----|-------------|----|--|---|
|  | A           |    | B            |    | C          |    | D           |    |  |   |
| <b>1</b> Amount of bonds retired .....   | 9,065,000.  |    | 37,880,000.  |    | 1,550,000. |    | 445,000.    |    |  |   |
| <b>2</b> Amount of bonds legally defeased .....  |             |    | 85,000,000.  |    |            |    |             |    |  |   |
| <b>3</b> Total proceeds of issue .....   | 79,120,000. |    | 243,525,000. |    | 4,650,000. |    | 16,170,000. |    |  |   |
| <b>4</b> Gross proceeds in reserve funds .....   |             |    |              |    |            |    |             |    |  |   |
| <b>5</b> Capitalized interest from proceeds .....  |             |    |              |    |            |    |             |    |  |   |
| <b>6</b> Proceeds in refunding escrows .....   | 28,620,000. |    | 71,310,750.  |    | 4,650,000. |    | 16,170,000. |    |  |   |
| <b>7</b> Issuance costs from proceeds .....  | 500,000.    |    | 2,593,598.   |    |            |    |             |    |  |   |
| <b>8</b> Credit enhancement from proceeds .....  |             |    |              |    |            |    |             |    |  |   |
| <b>9</b> Working capital expenditures from proceeds .....  |             |    |              |    |            |    |             |    |  |   |
| <b>10</b> Capital expenditures from proceeds .....   |             |    | 185,202,212. |    |            |    |             |    |  |   |
| <b>11</b> Other spent proceeds .....   | 50,000,000. |    |              |    |            |    |             |    |  |   |
| <b>12</b> Other unspent proceeds .....   |             |    |              |    |            |    |             |    |  |   |
| <b>13</b> Year of substantial completion .....   | 2014        |    | 2015         |    | 2022       |    | 2022        |    |  |   |
|  | Yes         | No | Yes          | No | Yes        | No | Yes         | No |  |   |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? ..... | X           |    | X            |    | X          |    | X           |    |  |   |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....   |             | X  |              | X  |            | X  |             | X  |  | X |
| <b>16</b> Has the final allocation of proceeds been made? .....  | X           |    | X            |    | X          |    | X           |    |  |   |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | X           |    | X            |    | X          |    | X           |    |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 2

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

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

| Part I Bond Issues           |                |             |                 |                 |                            |              |    |                         |    |                      |    |
|------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name              | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|                              |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| A ILLINOIS FINANCE AUTHORITY | 86-1091967     | NONE        | 06/07/16        | 50290705.       | SEE PART VI                |              | X  |                         | X  |                      | X  |
| B IOWA FINANCE AUTHORITY     | 52-1699886     | 462466FZ1   | 06/07/16        | 197934258.      | SEE PART VI                |              | X  |                         | X  |                      | X  |
| C ILLINOIS FINANCE AUTHORITY | 86-1091967     | NONE        | 10/20/17        | 19500000.       | SEE PART VI                |              | X  |                         | X  |                      | X  |
| D IOWA FINANCE AUTHORITY     | 52-1699886     | 46246K4Q2   | 03/20/18        | 82330000.       | SEE PART VI                |              | X  |                         | X  |                      | X  |

| Part II Proceeds  |             |    |              |    |             |    |             |    |  |  |
|---|-------------|----|--------------|----|-------------|----|-------------|----|--|--|
|   | A           |    | B            |    | C           |    | D           |    |  |  |
|   | Yes         | No | Yes          | No | Yes         | No | Yes         | No |  |  |
| 1 Amount of bonds retired   | 11,640,000. |    | 25,570,000.  |    | 2,028,415.  |    | 14,060,000. |    |  |  |
| 2 Amount of bonds legally defeased  |             |    |              |    |             |    |             |    |  |  |
| 3 Total proceeds of issue   | 50,290,705. |    | 197,934,258. |    | 19,500,000. |    | 82,330,000. |    |  |  |
| 4 Gross proceeds in reserve funds   |             |    |              |    |             |    |             |    |  |  |
| 5 Capitalized interest from proceeds  |             |    |              |    |             |    |             |    |  |  |
| 6 Proceeds in refunding escrows   | 21,248,161. |    | 160,264,194. |    |             |    | 82,330,000. |    |  |  |
| 7 Issuance costs from proceeds  | 542,544.    |    | 1,670,064.   |    | 182,750.    |    |             |    |  |  |
| 8 Credit enhancement from proceeds  |             |    |              |    |             |    |             |    |  |  |
| 9 Working capital expenditures from proceeds  |             |    |              |    |             |    |             |    |  |  |
| 10 Capital expenditures from proceeds   | 28,500,000. |    | 36,000,000.  |    | 19,317,250. |    |             |    |  |  |
| 11 Other spent proceeds   |             |    |              |    |             |    |             |    |  |  |
| 12 Other unspent proceeds   |             |    |              |    |             |    |             |    |  |  |
| 13 Year of substantial completion   | 2016        |    | 2017         |    | 2018        |    | 2018        |    |  |  |
|   | Yes         | No | Yes          | No | Yes         | No | Yes         | No |  |  |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X           |    |              | X  | X           |    | X           |    |  |  |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   |             | X  | X            |    |             | X  |             | X  |  |  |
| 16 Has the final allocation of proceeds been made?  | X           |    | X            |    | X           |    | X           |    |  |  |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?                           | X           |    | X            |    | X           |    | X           |    |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 3

OMB No. 1545-0047

**2022**  
**Open to Public Inspection**

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

| <b>Part I Bond Issues</b>       |                   |                  |                 |                   |                            |              |          |                         |          |                      |          |
|---------------------------------|-------------------|------------------|-----------------|-------------------|----------------------------|--------------|----------|-------------------------|----------|----------------------|----------|
| (a) Issuer name                 | (b) Issuer EIN    | (c) CUSIP #      | (d) Date issued | (e) Issue price   | (f) Description of purpose | (g) Defeased |          | (h) On behalf of issuer |          | (i) Pooled financing |          |
|                                 |                   |                  |                 |                   |                            | Yes          | No       | Yes                     | No       | Yes                  | No       |
| <b>A IOWA FINANCE AUTHORITY</b> | <b>52-1699886</b> | <b>46246K5C2</b> | <b>11/20/18</b> | <b>79730031.</b>  | <b>SEE PART VI</b>         |              | <b>X</b> |                         | <b>X</b> |                      | <b>X</b> |
| <b>B IOWA FINANCE AUTHORITY</b> | <b>52-1699886</b> | <b>46246K5D0</b> | <b>11/20/18</b> | <b>229660000.</b> | <b>SEE PART VI</b>         |              | <b>X</b> |                         | <b>X</b> |                      | <b>X</b> |
| <b>C</b>                        |                   |                  |                 |                   |                            |              |          |                         |          |                      |          |
| <b>D</b>                        |                   |                  |                 |                   |                            |              |          |                         |          |                      |          |

| <b>Part II Proceeds</b>  |             |          |              |          |     |    |     |    |     |    |
|--|-------------|----------|--------------|----------|-----|----|-----|----|-----|----|
|  | A           |          | B            |          | C   |    | D   |    |     |    |
|  | Yes         | No       | Yes          | No       | Yes | No | Yes | No | Yes | No |
| <b>1</b> Amount of bonds retired .....   | 17,545,000. |          | 18,205,000.  |          |     |    |     |    |     |    |
| <b>2</b> Amount of bonds legally defeased .....  |             |          |              |          |     |    |     |    |     |    |
| <b>3</b> Total proceeds of issue .....   | 79,730,031. |          | 229,660,000. |          |     |    |     |    |     |    |
| <b>4</b> Gross proceeds in reserve funds .....   |             |          |              |          |     |    |     |    |     |    |
| <b>5</b> Capitalized interest from proceeds .....  |             |          |              |          |     |    |     |    |     |    |
| <b>6</b> Proceeds in refunding escrows .....   | 57,229,162. |          | 228,175,000. |          |     |    |     |    |     |    |
| <b>7</b> Issuance costs from proceeds .....  | 713,301.    |          | 1,485,000.   |          |     |    |     |    |     |    |
| <b>8</b> Credit enhancement from proceeds .....  |             |          |              |          |     |    |     |    |     |    |
| <b>9</b> Working capital expenditures from proceeds .....  |             |          |              |          |     |    |     |    |     |    |
| <b>10</b> Capital expenditures from proceeds .....   | 21,787,568. |          |              |          |     |    |     |    |     |    |
| <b>11</b> Other spent proceeds .....   |             |          |              |          |     |    |     |    |     |    |
| <b>12</b> Other unspent proceeds .....   |             |          |              |          |     |    |     |    |     |    |
| <b>13</b> Year of substantial completion .....   | 2018        |          | 2018         |          |     |    |     |    |     |    |
|  | Yes         | No       | Yes          | No       | Yes | No | Yes | No | Yes | No |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? ..... | <b>X</b>    |          | <b>X</b>     |          |     |    |     |    |     |    |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....   |             | <b>X</b> |              | <b>X</b> |     |    |     |    |     |    |
| <b>16</b> Has the final allocation of proceeds been made? .....  | <b>X</b>    |          | <b>X</b>     |          |     |    |     |    |     |    |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | <b>X</b>    |          | <b>X</b>     |          |     |    |     |    |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

**Part III Private Business Use**

|  | A      |    | B     |    | C     |    | D     |    |
|--|--------|----|-------|----|-------|----|-------|----|
|  | Yes    | No | Yes   | No | Yes   | No | Yes   | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |        | X  |       | X  |       | X  |       | X  |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  | X      |    | X     |    |       | X  |       | X  |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  |        | X  |       | X  |       | X  |       | X  |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |        |    |       |    |       |    |       |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |        | X  |       | X  |       | X  |       | X  |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |        |    |       |    |       |    |       |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  | 1.83 % |    | .09 % |    | .00 % |    | .00 % |    |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... | .00 %  |    | .00 % |    | .00 % |    | .00 % |    |
| 6 Total of lines 4 and 5 .....   | 1.83 % |    | .09 % |    | .00 % |    | .00 % |    |
| 7 Does the bond issue meet the private security or payment test? .....   |        | X  |       | X  |       | X  |       | X  |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |        | X  |       | X  |       | X  |       | X  |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  | %      |    | %     |    | %     |    | %     |    |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |        |    |       |    |       |    |       |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X      |    | X     |    | X     |    | X     |    |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     | X  |
| 2 If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  |     | X  |     | X  |     | X  |     | X  |
| b Exception to rebate? .....   | X   |    | X   |    | X   |    | X   |    |
| c No rebate due? .....   |     | X  |     | X  |     | X  |     | X  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                          |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? .....   |     | X  |     | X  |     | X  |     | X  |

| <b>Part III Private Business Use</b>   |     |       |     |       |     |       |     |       |
|--|-----|-------|-----|-------|-----|-------|-----|-------|
|  | A   |       | B   |       | C   |       | D   |       |
|  | Yes | No    | Yes | No    | Yes | No    | Yes | No    |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X     |     | X     |     | X     |     | X     |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X     | X   |       |     | X     |     | X     |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X     |     | X     |     | X     |     | X     |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |       |     |       |     |       |     |       |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X     |     | X     |     | X     |     | X     |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |     |       |     |       |     |       |     |       |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | .00 % |     | .32 % |     | .00 % |     | .02 % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | .00 % |     | .00 % |     | .00 % |     | .00 % |
| 6 Total of lines 4 and 5 .....   |     | .00 % |     | .32 % |     | .00 % |     | .02 % |
| 7 Does the bond issue meet the private security or payment test? .....   |     | X     |     | X     |     | X     |     | X     |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X     |     | X     |     | X     |     | X     |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     |       |     |       |     |       |     |       |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |       |     |       |     |       |     |       |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |       | X   |       | X   |       | X   |       |

| <b>Part IV Arbitrage</b>   |     |    |     |    |     |    |     |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | A   |    | B   |    | C   |    | D   |    |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     | X  |
| 2 If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  |     | X  |     | X  |     | X  |     | X  |
| b Exception to rebate? .....   | X   |    | X   |    | X   |    | X   |    |
| c No rebate due? .....   |     | X  |     | X  |     | X  |     | X  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                          |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? .....   |     | X  |     | X  | X   |    | X   |    |



| <b>Part III Private Business Use</b>   |     |       |     |       |     |    |     |    |
|--|-----|-------|-----|-------|-----|----|-----|----|
|  | A   |       | B   |       | C   |    | D   |    |
|  | Yes | No    | Yes | No    | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X     |     | X     |     |    |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X     | X   |       |     |    |     |    |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X     |     | X     |     |    |     |    |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |       |     |       |     |    |     |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X     |     | X     |     |    |     |    |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |     |       |     |       |     |    |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | .01 % |     | .72 % |     | %  |     | %  |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | .00 % |     | .00 % |     | %  |     | %  |
| 6 Total of lines 4 and 5 .....   |     | .01 % |     | .72 % |     | %  |     | %  |
| 7 Does the bond issue meet the private security or payment test? .....   |     | X     |     | X     |     |    |     |    |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X     |     | X     |     |    |     |    |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %     |     | %     |     | %  |     | %  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |       |     |       |     |    |     |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |       | X   |       |     |    |     |    |

| <b>Part IV Arbitrage</b>   |     |    |     |    |     |    |     |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | A   |    | B   |    | C   |    | D   |    |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     |    |     |    |
| 2 If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  |     | X  |     | X  |     |    |     |    |
| b Exception to rebate? .....   | X   |    | X   |    |     |    |     |    |
| c No rebate due? .....   |     | X  |     | X  |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                          |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? .....   | X   |    | X   |    |     |    |     |    |

Part IV Arbitrage (continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     | X  |     | X  |     | X  |
| b Name of provider .....  |     |    |     |    |     |    |     |    |
| c Term of hedge .....   |     |    |     |    |     |    |     |    |
| d Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| e Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |     | X  |     | X  |     | X  |     | X  |
| b Name of provider .....  |     |    |     |    |     |    |     |    |
| c Term of GIC .....   |     |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |     |    |     |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period? .....  |     | X  |     | X  |     | X  |     | X  |
| 7 Has the organization established written procedures to monitor the requirements of section 148? .....                 | X   |    | X   |    | X   |    | X   |    |

Part V Procedures To Undertake Corrective Action

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

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



**Part IV Arbitrage** (continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     | X  |     |    |     |    |
| b Name of provider .....  |     |    |     |    |     |    |     |    |
| c Term of hedge .....   |     |    |     |    |     |    |     |    |
| d Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| e Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |     | X  |     | X  |     |    |     |    |
| b Name of provider .....  |     |    |     |    |     |    |     |    |
| c Term of GIC .....   |     |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |     |    |     |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period? .....  |     | X  |     | X  |     |    |     |    |
| 7 Has the organization established written procedures to monitor the requirements of section 148? .....                 | X   |    | X   |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**PART I, LINE A(F) - BOND ISSUES**

(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009A-E ISSUED ON 3/4/09; (II) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2009F ISSUED ON 8/6/09.

**PART I, LINE B(F) - BOND ISSUES**

(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 3/4/09.

**PART I, LINE C(F) - BOND ISSUES**

(I) REFUNDING OF BOND ISSUED 08/09/12 BY WISC HEALTH & EDUCATIONAL FACILITIES; MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014; DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH.

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)***PART I, LINE D(F) - BOND ISSUES**

(I) REFUNDING OF BOND ISSUED 08/09/12 BY WISC HEALTH & EDUCATIONAL FACILITIES; MERITER BECAME AFFILIATED WITH UNITYPOINT HEALTH ON 1/1/2014; DURING 2014 MERITER HOSPITAL BONDS WERE MOVED TO THE BOOKS OF UNITYPOINT HEALTH AND PARTIALLY REFUNDED WITH A 2014 BOND DRAW BY UNITYPOINT HEALTH.

**PART I, LINE E(F) - BOND ISSUES**

(I) REFUND A PORTION OF THE ILLINOIS FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (PROCTOR HOSPITAL), SERIES 2006A ISSUED ON 5/11/2006; (II) CONSTRUCT AND EQUIP PARTS OF PEORIA AFFILIATE FACILITIES.

**PART I, LINE F(F) - BOND ISSUES**

(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2008A ISSUED ON 8/6/2009; (II) CONSTRUCT AND EQUIP PARTS OF WATERLOO AND DUBUQUE AFFILIATE FACILITIES.

**PART I, LINE G(F) - BOND ISSUES**

(I) RETIRE EXISTING TAXABLE DEBT, PAY COSTS FOR RENOVATIONS AND EXPANSION CAPITAL PROJECTS IN PEKIN, ILLINOIS AND PAY COST OF ISSUANCE OF BONDS.

**PART I, LINE H(F) - BOND ISSUES**

(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2016A ISSUED ON 01/04/2016.

**PART I, LINE I(F) - BOND ISSUES**

(I) REFINANCE A PORTION AND DEFEASE A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 2005A ISSUED ON 07/27/2005; (II) CONSTRUCT, EQUIP AND IMPROVE HOSPITAL FACILITIES OF THE ORGANIZATION AND AFFILIATES LOCATED IN MARSHALLTOWN, IOWA.

**PART I, LINE J(F) - BOND ISSUES**

(I) REFUND A PORTION OF THE IOWA FINANCE AUTHORITY'S HOSPITAL FACILITIES REVENUE BONDS (IOWA HEALTH SYSTEM), SERIES 20016A ISSUED ON 01/04/2016.





**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| ASHLEY THOMPSON               | FAMILY MEMBER OF FO   | 89,974.                   | EMPLOYMENT                     |   | X  |
| CHAD BAEDKE                   | FAMILY MEMBER OF FO   | 142,970.                  | EMPLOYMENT                     |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ASHLEY THOMPSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER KEY EMPLOYEE SUSAN THOMPSON

(C) AMOUNT OF TRANSACTION \$ 89,974.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHAD BAEDKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER KEY EMPLOYEE SUSAN THOMPSON

(C) AMOUNT OF TRANSACTION \$ 142,970.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

IOWA HEALTH SYSTEM

Employer identification number

42-1435199

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

AND MAINTAIN ANY FACILITIES, PROGRAMS, SERVICES (MANAGEMENT OR OTHERWISE) AND RELATED ACTIVITIES IN FURTHERANCE OF HEALTH-CARE OR HEALTH EDUCATION. FACILITIES INCLUDE HOSPITALS, SELF-CARE FACILITIES, CLINICS, EDUCATIONAL FACILITIES, AND OTHER ESTABLISHMENTS CREATED TO CARRY THROUGH HEALTH-CARE AND EDUCATIONAL PROGRAMS. THE PRIMARY PURPOSE OF THE CORPORATION IS TO ENGAGE IN AND CONDUCT CHARITABLE, EDUCATIONAL, RELIGIOUS AND SCIENTIFIC ACTIVITIES IN ACCORDANCE WITH PREVIOUSLY STATED PURPOSES.

FORM 990, PART VI, SECTION A, LINE 7A:

IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS. EACH HOSPITAL HAS THE POWER TO APPOINT DIRECTORS TO THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

IOWA HEALTH SYSTEM IS A SUPPORTING ORGANIZATION TO AFFILIATED NONPROFIT HOSPITALS. EACH HOSPITAL HAS THE POWER TO APPOINT BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED INTERNALLY BY THE IOWA HEALTH SYSTEM TAX DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION. EACH SECTION OF THE RETURN IS REVIEWED BY THE RESPONSIBLE FUNCTIONAL AREA ALONG WITH THE TAX DEPARTMENT. A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW. A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

|  |  |
|--|--|
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|--|--|

FORM 990, PART V, LINES 1A & 1B

CASH DISBURSEMENTS ARE CENTRALIZED THROUGH THE PARENT ORGANIZATION, IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH). THE PARENT MAKES THE PAYMENTS AND FILES THE RELATED FORMS 1099 AND 1096 ON BEHALF OF ALL UNITYPOINT HEALTH SYSTEM RELATED ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS.

THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN: 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE

|  |  |
|--|--|
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OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION.

THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES. ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS. THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS.

IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT

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THE DIRECTION OF THE BOARD OF DIRECTORS: 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES;

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN: 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH;

IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY

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EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

|  |  |
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| Name of the organization<br>IOWA HEALTH SYSTEM | Employer identification number<br>42-1435199 |
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COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958.

THE REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2022 FOR THE FOLLOWING INDIVIDUALS: JAMES ARNETT, D'ANDRE CARPENTER, DANIEL CARPENTER, PAMELA DELAGARDELLE, MARCEL DEVETTEN, MD, ROBERT ERICKSON, SUSAN ERICKSON, AARON GILLINGHAM, LEAH GLASGO, CLAY HOLDERMAN, MARK JOHNSON, DEBRA KING, SCOTT KIZER, KEITH KNEPP, MD, WENDY MORTIMORE, MD, MICHELLE NIERMANN, CATHERINE RANHEIM, MD, LAURA SMITH, DAVID STARK, LORENZO SUTER, DOUGLAS WATSON, DAVID WILLIAMS, MD, AND CHAD WOLBERS.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THROUGH THE IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, LEGAL DEPARTMENT. THE

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ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE  
PUBLICLY AVAILABLE ON THE IOWA HEALTH SYSTEM WEBSITE, WWW.UNITYPOINT.ORG.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## COLLECTION FEES:

|                                 |             |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES        | 0.          |
| MANAGEMENT AND GENERAL EXPENSES | 19,362,703. |
| FUNDRAISING EXPENSES            | 0.          |
| TOTAL EXPENSES                  | 19,362,703. |

## CONSULTING FEES:

|                                 |             |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES        | 2,679,995.  |
| MANAGEMENT AND GENERAL EXPENSES | 23,825,402. |
| FUNDRAISING EXPENSES            | 0.          |
| TOTAL EXPENSES                  | 26,505,397. |

## EQUIPMENT REPAIRS:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 24,072. |
| MANAGEMENT AND GENERAL EXPENSES | 784.    |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 24,856. |

## HEALTHCARE PROFESSIONALS:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 10,571. |
| MANAGEMENT AND GENERAL EXPENSES | 540.    |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 11,111. |

|  |  |
|--|--|
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|--|--|

**MISC PURCHASED SERVICES:**

|                                 |             |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES        | 10,624,857. |
| MANAGEMENT AND GENERAL EXPENSES | 7,073,781.  |
| FUNDRAISING EXPENSES            | 0.          |
| TOTAL EXPENSES                  | 17,698,638. |

**PRINTING:**

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 3,498.   |
| MANAGEMENT AND GENERAL EXPENSES | 158,895. |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 162,393. |

**PURCH MED DIRECTOR SERVICES:**

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 0.      |
| MANAGEMENT AND GENERAL EXPENSES | 10,823. |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 10,823. |

**PURCHASED HOUSEKEEPING AND LAUNDRY:**

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 0.     |
| MANAGEMENT AND GENERAL EXPENSES | 9,831. |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 9,831. |

**SERVICE MAINTENANCE CONTRACTS:**

|                                 |             |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES        | 75,366,023. |
| MANAGEMENT AND GENERAL EXPENSES | 3,374,180.  |
| FUNDRAISING EXPENSES            | 0.          |



|  |  |
|--|--|
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|                |             |
|----------------|-------------|
| TOTAL EXPENSES | 78,740,203. |
|----------------|-------------|

## SOFTWARE &amp; SOFTWARE MAINTENANCE:

|                          |            |
|--------------------------|------------|
| PROGRAM SERVICE EXPENSES | 3,079,561. |
|--------------------------|------------|

|                                 |             |
|---------------------------------|-------------|
| MANAGEMENT AND GENERAL EXPENSES | 10,385,764. |
|---------------------------------|-------------|

|                      |    |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

|                |             |
|----------------|-------------|
| TOTAL EXPENSES | 13,465,325. |
|----------------|-------------|

## TRANSCRIPTION SERVICES:

|                          |    |
|--------------------------|----|
| PROGRAM SERVICE EXPENSES | 0. |
|--------------------------|----|

|                                 |        |
|---------------------------------|--------|
| MANAGEMENT AND GENERAL EXPENSES | 7,130. |
|---------------------------------|--------|

|                      |    |
|----------------------|----|
| FUNDRAISING EXPENSES | 0. |
|----------------------|----|

|                |        |
|----------------|--------|
| TOTAL EXPENSES | 7,130. |
|----------------|--------|

|  |              |
|--|--------------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 155,998,410. |
|--|--------------|

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                                   |             |
|-----------------------------------|-------------|
| FUND BALANCE TRANSFERS (MEDIMORE) | -1,129,169. |
|-----------------------------------|-------------|

|                             |             |
|-----------------------------|-------------|
| HEALTH INSURANCE CORRECTION | -1,578,880. |
|-----------------------------|-------------|

|                                    |             |
|------------------------------------|-------------|
| TOTAL TO FORM 990, PART XI, LINE 9 | -2,708,049. |
|------------------------------------|-------------|

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                                       | (b)<br>Primary activity         | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|---------------------------------|---|---------------------|---------------------------|-------------------------------------|
| BHC, L.C. - 27-3820391<br>1776 WEST LAKES PKWY, #400<br>WEST DES MOINES, IA 50266                            | INFORMATION TECHNOLOGY<br>MGMT. | IOWA  | 0.                  | 1,000.                    | IOWA HEALTH SYSTEM                  |
| IOWA HEALTH ACCOUNTABLE CARE, L.C. -<br>45-4550692, 1776 WEST LAKES PKWY, #400, WEST<br>DES MOINES, IA 50266 | ACCOUNTABLE CARE                | IOWA  | 17,006,975.         | 120,032,092.              | IOWA HEALTH SYSTEM                  |
|  |                                 |   |                     |                           |                                     |
|  |                                 |   |                     |                           |                                     |
|  |                                 |   |                     |                           |                                     |
|  |                                 |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
|  |  |   |                               |   |                                     | Yes  | No |
| ABBE CENTER FOR COMMUNITY MENTAL HEALTH,<br>INC. - 42-1045257, 740 N 15TH AVE., NO. A,<br>HIAWATHA, IA 52233 | MENTAL HEALTH CARE                                       | IOWA  | 501(C)(3)                     | 509(A)(2)   | ABBEHEALTH, INC.                    | X  |    |
| ABBEHEALTH, INC. - 42-1373123<br>740 N 15TH AVE., NO. A<br>HIAWATHA, IA 52233                                | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    | ST. LUKE'S<br>HEALTHCARE            | X  |    |
| AGING SERVICES, INC. - 23-7085316<br>740 N 15TH AVE., NO. A<br>HIAWATHA, IA 52233                            | SENIOR SERVICES  | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | ABBEHEALTH, INC.                    | X  |    |
| ALLEN COLLEGE - 42-1351526<br>1825 LOGAN AVENUE<br>WATERLOO, IA 50703  | EDUCATE AND DEVELOP<br>HEALTHCARE PROFESSIONALS          | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(II)                                      | ALLEN HEALTH<br>SYSTEMS, INC.       | X  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity                | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|--|--|----|
|  |  |   |                               |   |  | Yes  | No |
| ALLEN HEALTH SYSTEMS, INC. - 42-1201924<br>1825 LOGAN AVENUE<br>WATERLOO, IA 50703   | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | IOWA HEALTH<br>SYSTEM                              | X  |    |
| ALLEN MEMORIAL HOSPITAL CORPORATION -<br>42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA<br>50703                              | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | ALLEN HEALTH<br>SYSTEMS, INC.                      | X  |    |
| ANAMOSA AREA AMBULANCE SERVICE - 42-1466284<br>101 GRANT WOOD DRIVE<br>ANAMOSA, IA 52205                                   | PROVIDE AMBULANCE SERVICES                               | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    | ST. LUKE'S/JONES<br>REGIONAL MEDICAL<br>CENTER     | X  |    |
| BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC.<br>- 42-0733463, 3251 WEST NINTH STREET,<br>WATERLOO, IA 50702                | MENTAL HEALTH CARE                                       | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | ALLEN HEALTH<br>SYSTEMS, INC.                      | X  |    |
| CENTER FOR ALCOHOL AND DRUG SERVICES, INC. -<br>42-1134273, 4869 FOREST GROVE DRIVE,<br>BETTENDORF, IA 52722               | SUBSTANCE ABUSE SERVICES                                 | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | THE ROBERT YOUNG<br>CENTER FOR<br>COMMUNITY MENTAL | X  |    |
| CENTRAL IOWA HEALTH PROPERTIES CORPORATION -<br>42-1233759, 1200 PLEASANT STREET, DES<br>MOINES, IA 50309                  | PROPERTY HOLDING COMPANY                                 | IOWA  | 501(C)(2)                     |   | CENTRAL IOWA<br>HEALTH SYSTEM                      | X  |    |
| CENTRAL IOWA HEALTH SYSTEM - 42-1189791<br>1200 PLEASANT STREET<br>DES MOINES, IA 50309                                    | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | IOWA HEALTH<br>SYSTEM                              | X  |    |
| CENTRAL IOWA HOSPITAL CORPORATION -<br>42-0680452, 1200 PLEASANT STREET, DES<br>MOINES, IA 50309                           | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | CENTRAL IOWA<br>HEALTH SYSTEM                      | X  |    |
| DES MOINES AREA MEDICAL EDUCATION<br>CONSORTIUM, INC. - 42-1412497, 1415 WOODLAND<br>AVE., SUITE 130, DES MOINES, IA 50309 | COORDINATION OF MEDICAL<br>EDUCATION PROGRAMS            | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    |  |  | X  |
| EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES<br>- 42-0942273, 945 19TH STREET, DES MOINES,<br>IA 50314                     | MENTAL HEALTH CARE                                       | IOWA  | 501(C)(3)                     | 509(A)(2)   | CENTRAL IOWA<br>HEALTH SYSTEM                      | X  |    |
| FINLEY TRI-STATES HEALTH GROUP, INC. -<br>42-1307495, 350 NORTH GRANDVIEW AVENUE,<br>DUBUQUE, IA 52001                     | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | IOWA HEALTH<br>SYSTEM                              | X  |    |
| FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL<br>HEALTH CENTER - 42-1372380, 3820 HILLSIDE<br>DRIVE, CEDAR FALLS, IA 50613       | CHARITABLE FUNDRAISING                                   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | ALLEN HEALTH<br>SYSTEMS, INC.                      | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| GRINNELL REGIONAL MEDICAL CENTER -<br>42-0933383, 210 FOURTH AVENUE, GRINNELL, IA<br>50112                          | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | CENTRAL IOWA<br>HEALTH SYSTEM       | X  |    |
| GRINNELL REGIONAL MEDICAL CENTER FOUNDATION<br>- 42-1454737, 210 FOURTH AVENUE, GRINNELL,<br>IA 50112               | CHARITABLE FUNDRAISING                                   | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE I                                      | GRINNELL REGIONAL<br>MEDICAL CENTER | X  |    |
| HULT CENTER FOR HEALTHY LIVING, INC. -<br>36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL<br>61614                     | HEALTH EDUCATION TO THE<br>COMMUNITY                     | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | PROCTOR HOSPITAL                    | X  |    |
| HUMAN SERVICE CENTER - 37-1004882<br>600 FAYETTE, PO BOX 1346<br>PEORIA, IL 61654                                   | MENTAL HEALTH CARE                                       | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | UNITYPOINT HEALTH<br>- UNITYPLACE   | X  |    |
| IOWA HEALTH FOUNDATION - 42-1467682<br>1415 WOODLAND AVE., SUITE E-200<br>DES MOINES, IA 50309                      | CHARITABLE FUNDRAISING                                   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | CENTRAL IOWA<br>HEALTH SYSTEM       | X  |    |
| IOWA HEALTH SYSTEM - 42-1435199<br>1776 WEST LAKES PKWY, #400<br>WEST DES MOINES, IA 50266                          | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    |                                     | X  |    |
| IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION -<br>42-1411630, 1776 WEST LAKES PKWY, #400, WEST<br>DES MOINES, IA 50266 | PRIMARY HEALTH CARE<br>SERVICES                          | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | IOWA HEALTH<br>SYSTEM               | X  |    |
| MEMORIAL FOUNDATION OF ALLEN HOSPITAL -<br>42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA<br>50703                     | CHARITABLE FUNDRAISING                                   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | ALLEN HEALTH<br>SYSTEMS, INC.       | X  |    |
| MERITER FOUNDATION, INC. - 23-7098688<br>202 SOUTH PARK STREET<br>MADISON, WI 53715                                 | CHARITABLE FUNDRAISING                                   | WISCONSIN   | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | MERITER HEALTH<br>SERVICES, INC.    | X  |    |
| MERITER HEALTH SERVICES, INC. - 39-1412318<br>202 SOUTH PARK STREET<br>MADISON, WI 53715                            | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | WISCONSIN   | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    | IOWA HEALTH<br>SYSTEM               | X  |    |
| MERITER HOSPITAL, INC. - 39-0806367<br>202 SOUTH PARK STREET<br>MADISON, WI 53715                                   | HOSPITAL   | WISCONSIN   | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | MERITER HEALTH<br>SERVICES, INC.    | X  |    |
| METHODIST HEALTH SERVICES CORPORATION -<br>37-1111135, 221 NORTHEAST GLEN OAK AVENUE,<br>PEORIA, IL 61636           | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | ILLINOIS  | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    | IOWA HEALTH<br>SYSTEM               | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity         | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|---|--|----|
|  |  |   |                               |   |   | Yes  | No |
| METHODIST MEDICAL CENTER FOUNDATION -<br>51-0186460, 221 NORTHEAST GLEN OAK AVENUE,<br>PEORIA, IL 61636                            | CHARITABLE FUNDRAISING   | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| METHODIST MEDICAL CENTER OF ILLINOIS -<br>37-0661223, 221 NORTHEAST GLEN OAK AVENUE,<br>PEORIA, IL 61636                           | HOSPITAL   | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| METHODIST SERVICES, INC. - 37-1111134<br>221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636   | OFFICE RENTAL  | ILLINOIS  | 501(C)(3)                     | 509(A)(2)   | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| NELLIE R. SHERWOOD TRUST - 42-6061621<br>1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402  | PAY MEDICAL BILLS OF<br>RETIRED TEACHERS UNABLE TO<br>PAY            | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE I                                      | ST. LUKE'S<br>METHODIST<br>HOSPITAL         | X  |    |
| NORTH CENTRAL IOWA MENTAL HEALTH CENTER,<br>INCORPORATED - 42-0937390, 720 KENYON DRIVE,<br>FORT DODGE, IA 50501                   | MENTAL HEALTH CARE   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | TRINITY HEALTH<br>SYSTEMS, INC.             | X  |    |
| NORTHWEST IOWA HOSPITAL CORPORATION -<br>42-1019872, 2720 STONE PARK BLVD., SIOUX<br>CITY, IA 51104                                | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | ST. LUKE'S HEALTH<br>SYSTEM, INC.           | X  |    |
| PARK COURT LIMITED - 37-1178386<br>600 SOUTH 13TH STREET<br>PEKIN, IL 61554  | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE             | ILLINOIS  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| PEKIN MEMORIAL HOSPITAL - 37-0692351<br>600 SOUTH 13TH STREET<br>PEKIN, IL 61554   | HOSPITAL   | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| PRAIRIE VIEW VILLAS NO. 1 - 26-1755679<br>1900 SPRING ROAD, STE 300<br>OAK BROOK, IL 60523   | MENTAL HEALTH AND/OR<br>DISABILITY RESIDENTIAL<br>TREATMENT SERVICES | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | TAZWOOD MENTAL<br>HEALTH CENTER,<br>INC.    | X  |    |
| PROCTOR HEALTH SYSTEMS - 36-4147437<br>5409 N KNOXVILLE AVE<br>PEORIA, IL 61614  | PRIMARY HEALTH CARE<br>SERVICES                                      | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| PROCTOR HOSPITAL - 37-0681540<br>5409 N KNOXVILLE AVE<br>PEORIA, IL 61614  | HOSPITAL   | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |
| SELF INSURANCE TRUST AGREEMENT EST. BY<br>METHODIST MEDICAL CENTER OF ILLINOIS, 221<br>NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636 | FUND SELF-INSURANCE PLAN   | ILLINOIS  | 501(C)(3)                     | 509(A)(3),<br>TYPE I                                      | METHODIST MEDICAL<br>CENTER OF<br>ILLINOIS  | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                     | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity        | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|---|---|-------------------------------|---|--|--|----|
|   |   |   |                               |   |  | Yes  | No |
| SIOUXLAND PACE, INC. - 26-1120134<br>1200 TRI VIEW AVE<br>SIOUX CITY, IA 51103                                  | ALL-INCLUSIVE CARE FOR THE<br>ELDERLY                       | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | ST. LUKE'S HEALTH<br>SYSTEM, INC.          | X  |    |
| ST. LUKE'S HEALTH RESOURCES - 42-1059182<br>2720 STONE PARK BLVD.<br>SIOUX CITY, IA 51104                       | OUTPATIENT CLINICS AND<br>HEALTHCARE SERVICES               | IOWA  | 501(C)(3)                     | 509(A)(2)   | ST. LUKE'S HEALTH<br>SYSTEM, INC.          | X  |    |
| ST. LUKE'S HEALTH SYSTEM, INC. - 42-1294091<br>2720 STONE PARK BLVD.<br>SIOUX CITY, IA 51104                    | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE    | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE III                                    | IOWA HEALTH<br>SYSTEM                      | X  |    |
| ST. LUKE'S HEALTHCARE - 42-1487968<br>1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402                                | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE    | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | IOWA HEALTH<br>SYSTEM                      | X  |    |
| ST. LUKE'S METHODIST HOSPITAL - 42-0504780<br>1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402                        | HOSPITAL  | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | ST. LUKE'S<br>HEALTHCARE                   | X  |    |
| ST. LUKE'S/JONES REGIONAL MEDICAL CENTER -<br>42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA,<br>IA 52205            | HOSPITAL  | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | ST. LUKE'S<br>HEALTHCARE                   | X  |    |
| STL CARE COMPANY - 42-1276632<br>1026 A AVENUE NE<br>CEDAR RAPIDS, IA 52402                                     | IMPROVE PUBLIC HEALTH<br>SERVICES                           | IOWA  | 501(C)(3)                     | 509(A)(2)   | ST. LUKE'S<br>HEALTHCARE                   | X  |    |
| TAZWOOD MENTAL HEALTH CENTER, INC. -<br>37-1278969, 3248 VANDEVER AVE, PEKIN, IL<br>61554                       | MENTAL HEALTH CARE  | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | UNITYPOINT HEALTH<br>- UNITYPLACE          | X  |    |
| THE DUBUQUE VISITING NURSE ASSOCIATION -<br>42-0680410, 350 NORTH GRANDVIEW AVENUE,<br>DUBUQUE, IA 52001        | PUBLIC HEALTH<br>SERVICES/HOME CARE                         | IOWA  | 501(C)(3)                     | 509(A)(2)   | FINLEY TRI-STATES<br>HEALTH GROUP,<br>INC. | X  |    |
| THE FINLEY HOSPITAL - 42-0680354<br>350 NORTH GRANDVIEW AVENUE<br>DUBUQUE, IA 52001                             | HOSPITAL  | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | FINLEY TRI-STATES<br>HEALTH GROUP,<br>INC. | X  |    |
| THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL<br>HEALTH - 36-3678909, 2701 17TH STREET, ROCK<br>ISLAND, IL 61201 | MENTAL HEALTH CARE  | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | TRINITY REGIONAL<br>HEALTH SYSTEM          | X  |    |
| TRIMARK PHYSICIANS GROUP - 45-3791448<br>802 KENYON ROAD<br>FORT DODGE, IA 50501                                | SUPPORT SERVICES FOR<br>MEDICAL CARE AND HEALTH<br>SERVICES | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | TRINITY HEALTH<br>SYSTEMS, INC.            | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity         | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|---|--|----|
|   |  |   |                               |   |   | Yes  | No |
| TRINITY COLLEGE OF NURSING & HEALTH SCIENCES<br>- 81-0994377, 2122 25TH AVE, ROCK ISLAND, IL<br>61201   | EDUCATE AND DEVELOP<br>HEALTHCARE PROFESSIONALS          | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(II)                                      | TRINITY MEDICAL<br>CENTER                   | X  |    |
| TRINITY HEALTH FOUNDATION - 42-1222381<br>802 KENYON ROAD<br>FORT DODGE, IA 50501                       | CHARITABLE FUNDRAISING                                   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | TRINITY HEALTH<br>SYSTEMS, INC.             | X  |    |
| TRINITY HEALTH FOUNDATION - 36-3321751<br>2701 17TH STREET<br>ROCK ISLAND, IL 61201                     | CHARITABLE FUNDRAISING                                   | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | TRINITY REGIONAL<br>HEALTH SYSTEM           | X  |    |
| TRINITY HEALTH SYSTEMS, INC. - 42-1222877<br>802 KENYON ROAD<br>FORT DODGE, IA 50501                    | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | IOWA HEALTH<br>SYSTEM                       | X  |    |
| TRINITY MEDICAL CENTER - 36-2739299<br>2701 17TH STREET<br>ROCK ISLAND, IL 61201                        | HOSPITAL   | ILLINOIS  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | TRINITY REGIONAL<br>HEALTH SYSTEM           | X  |    |
| TRINITY REGIONAL HEALTH SYSTEM - 36-3351952<br>2701 17TH STREET<br>ROCK ISLAND, IL 61201                | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | ILLINOIS  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | IOWA HEALTH<br>SYSTEM                       | X  |    |
| TRINITY REGIONAL MEDICAL CENTER - 42-1009175<br>802 KENYON ROAD<br>FORT DODGE, IA 50501                 | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | TRINITY HEALTH<br>SYSTEMS, INC.             | X  |    |
| UNITY HEALTHCARE - 42-0680337<br>1518 MULBERRY AVENUE<br>MUSCATINE, IA 52761                            | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | TRINITY REGIONAL<br>HEALTH SYSTEM           | X  |    |
| UNITY HEALTHCARE FOUNDATION - 42-1525031<br>1518 MULBERRY AVENUE<br>MUSCATINE, IA 52761                 | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | IOWA  | 501(C)(3)                     | 509(A)(3),<br>TYPE I                                      | UNITY HEALTHCARE                            | X  |    |
| UNITYPOINT HEALTH - MARSHALLTOWN -<br>81-5034179, 1825 LOGAN AVENUE, WATERLOO, IA<br>50703              | HOSPITAL   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(III)                                     | ALLEN HEALTH<br>SYSTEMS, INC.               | X  |    |
| UNITYPOINT HEALTH - MARSHALLTOWN FOUNDATION<br>- 42-1388518, 3 SOUTH 4TH AVE, MARSHALLTOWN,<br>IA 50158 | CHARITABLE FUNDRAISING                                   | IOWA  | 501(C)(3)                     | 170(B)(1)<br>(A)(VI)                                      | ALLEN HEALTH<br>SYSTEMS, INC.               | X  |    |
| UNITYPOINT HEALTH - UNITYPLACE - 83-4051901<br>221 NORTHEAST GLEN OAK AVENUE<br>PEORIA, IL 61636        | SUPPORT AFFILIATES'<br>MISSION TO IMPROVE HEALTH<br>CARE | ILLINOIS  | 501(C)(3)                     | 509(A)(3),<br>TYPE II                                     | METHODIST HEALTH<br>SERVICES<br>CORPORATION | X  |    |





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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                      | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|--|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |  |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| ADVANCED IMAGING CENTER, LLC<br>- 36-4356301, 615 VALLEY VIEW<br>DRIVE, MOLINE, IL 61265                            | DIAGNOSTIC<br>RADIOLOGY<br>CENTER                            | IA  | N/A                                 | N/A   | N/A                             | N/A                                      | X                                       |    | N/A   | X   |    | N/A                            |
| ANKENY MEDICAL PARK SURGERY<br>CENTER, L.C. - 83-1281114,<br>3625 NORTH ANKENY BLVD., STE.<br>J, ANKENY, IA 50021   | AMBULATORY<br>SURGERY CENTER                                 | IA  | N/A                                 | N/A   | N/A                             | N/A                                      | X                                       |    | N/A   | X   |    | N/A                            |
| CENTRAL IOWA CARDIOVASCULAR<br>CO-MANAGEMENT CO., L.L.C. -<br>27-3625869, 1200 PLEASANT ST,<br>DES MOINES, IA 50309 | CARDIOVASCULAR<br>MANAGEMENT &<br>ADMINISTRATIVE<br>SERVICES | IA  | N/A                                 | N/A   | N/A                             | N/A                                      | X                                       |    | N/A   | X   |    | N/A                            |
| CENTRAL IOWA ONCOLOGY<br>CO-MANAGEMENT COMPANY -<br>45-3017991, 1200 PLEASANT<br>STREET, DES MOINES, IA 50309       | ONCOLOGY<br>MANAGEMENT &<br>ADMINISTRATIVE<br>SERVICES       | IA  | N/A                                 | N/A   | N/A                             | N/A                                      | X                                       |    | N/A   | X   |    | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization                                 | (b)<br>Primary activity         | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                                 |   |                                     |  |                                 |  |                                | Yes   | No |
| ABBE MANAGEMENT CORPORATION - 42-1361755<br>740 N 15TH AVE., NO. A<br>HIAWATHA, IA 52233 | MANAGEMENT SERVICES             | IA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| BELCREST SERVICES LTD - 37-1196307<br>5409 N KNOXVILLE AVE<br>PEORIA, IL 61614           | MEDICAL SERVICES                | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| BROADBAND, INC. - 27-3819741<br>1776 WEST LAKES PKWY. #400<br>WEST DES MOINES, IA 50266  | INFORMATION<br>TECHNOLOGY MGMT. | IA  | IOWA HEALTH<br>SYSTEM               | C CORP   | 24,933.                         | 11,419,085.                              | 100%                           | X   |    |
| DELHI POINT CONDO ASSOCIATION - 42-1467002<br>350 N. GRANDVIEW<br>DUBUQUE, IA 52001      | REAL ESTATE<br>MANAGEMENT       | IA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| HCP CORPORATION - 39-1177562<br>202 SOUTH PARK STREET<br>MADISON, WI 53715               | REAL ESTATE RENTAL              | WI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |  |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| CENTRAL IOWA PHYSIO, LLC -<br>36-4799633, 4714 GETTYSBURG<br>ROAD, MECHANICSBURG, PA<br>17055                        | PHYSICAL<br>THERAPY<br>SERVICES                        | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| CENTRAL IOWA SURGICAL<br>SERVICES CO-MANAGEMENT CO.,<br>L.L.C. - 47-1608704, 1200<br>PLEASANT ST, DES MOINES, IA     | SURGICAL<br>MANAGEMENT &<br>ADMINISTRATIVE<br>SERVICES | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| DUBUQUE ENDOSCOPY CENTER,<br>L.C. - 20-1597161, 1515 DELHI<br>STREET, SUITE 500, DUBUQUE,<br>IA 52001                | AMBULATORY<br>SURGERY CENTER                           | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| EASTERN IOWA SLEEP SUPPLY,<br>LLC - 85-1990451, 275 10TH<br>STREET SE, STE 1130-B, CEDAR<br>RAPIDS, IA 52403         | MEDICAL<br>EQUIPMENT<br>RETAIL SALES                   | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| HEALTH CARE AFFILIATES OF THE<br>TRI-STATES, L.L.C. -<br>42-1428503, 350 N. GRANDVIEW<br>AVE, DUBUQUE, IA 52001      | PROVIDE ACCESS<br>TO LICENSED<br>SOFTWARE              | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| IOWA DIAGNOSTIC IMAGING AND<br>PROCEDURE CENTER, L.C. -<br>03-0482623, 1200 PLEASANT<br>STREET, DES MOINES, IA 50309 | OUTPATIENT<br>DIAGNOSTIC<br>IMAGING                    | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| IOWA HEALTH SYSTEM<br>CONTRACTING SERVICES LC -<br>42-1511142, 1776 WEST LAKES<br>PKWY, #400, WEST DES MOINES,       | GROUP<br>PURCHASING                                    | IA   | IOWA HEALTH<br>SYSTEM               | RELATED   | 17,831,926.                     | 3,431,736.                               | X   |    | N/A   | X   |    | 100%                           |
| LAKEVIEW SURGERY CENTER, L.C.<br>- 42-1516120, 1200 PLEASANT<br>STREET, DES MOINES, IA 50309                         | SURGERY CENTER   | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |
| MR ASSOCIATES, LLP -<br>42-1260463, 1956 1ST AVENUE<br>NE, CEDAR RAPIDS, IA 52402                                    | OWN AND OPERATE<br>MR UNIT                             | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | X   |    | N/A   | X   |    | N/A                            |

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                             | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|---|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |   |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| ORTHOPAEDIC OUTPATIENT<br>SURGERY CENTER, L.C. -<br>42-1508092, 1200 PLEASANT<br>STREET, DES MOINES, IA 50309             | AMBULATORY<br>SURGERY CENTER                        | IA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| REHABILITATION THERAPY<br>SERVICES, L.L.C. -<br>81-0584193, 416 ST. MARK'S<br>CT, #110, PEORIA, IL 61603                  | REHABILITATION<br>THERAPY                           | IL   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| THE OUTPATIENT SURGERY CENTER<br>OF CEDAR RAPIDS, L.L.C. -<br>72-1550812, 1075 FIRST AVENUE<br>SE, CEDAR RAPIDS, IA 52403 | AMBULATORY<br>SURGERY CENTER.                       | IA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| UNITED MEDICAL PARK ASC, LLC<br>D/B/A THE SURGERY CENTER AT<br>UNITED MEDICAL PARK, 1825<br>LOGAN AVE, WATERLOO, IA       | AMBULATORY<br>SURGERY CENTER                        | IA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| UPHT-SCA HOLDINGS, LLC -<br>47-3564984, 569 BROOKWOOD<br>VILLAGE, SUITE 901,<br>BIRMINGHAM, AL 35209                      | AMBULATORY<br>SURGERY CENTER<br>INVESTMENT          | DE   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| WEST HOSPITAL ORTHOPEDIC<br>CO-MANAGEMENT COMPANY, LLC -<br>27-1414600, 1660 60TH STREET,<br>WEST DES MOINES, IA 50266    | ORTHOPEDIC<br>SERVICE LINES<br>MANAGEMENT           | IA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| WEST LAKES SLEEP CENTER, LLC<br>- 26-3193923, 5950 UNIVERSITY<br>AVENUE SUITE 2, WEST DES<br>MOINES, IA 50266             | SLEEP DISORDER<br>DIAGNOSTIC<br>TESTING<br>FACILITY | IA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
|   |   |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |   |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |   |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |   |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|   |   |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity         | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                                 |   |                                     |  |                                 |  |                                | Yes   | No |
| HANSEN CHARITABLE REMAINDER ANNUITY TRUST -<br>39-6770806, 210 FOURTH AVENUE, GRINNELL, IA<br>50112 | INVESTMENT                      | IA  | N/A                                 | TRUST  | N/A                             | N/A                                      | N/A                            |   | X  |
| HANSEN CHARITABLE REMAINDER UNITRUST -<br>39-6770807, 210 FOURTH AVENUE, GRINNELL, IA<br>50112      | INVESTMENT                      | IA  | N/A                                 | TRUST  | N/A                             | N/A                                      | N/A                            |   | X  |
| HEALTH ADVANTAGE PLUS, INC. - 42-1436490<br>210 4TH AVENUE<br>GRINNELL, IA 50112                    | PHYSICAL THERAPY                | IA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| HEALTH PLUS INC - 37-1295532<br>5409 N KNOXVILLE AVE<br>PEORIA, IL 61614                            | MANAGED CARE<br>ADMINISTRATION  | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| HNC SERVICES - 27-0987243<br>1776 WEST LAKES PKWY, #400<br>WEST DES MOINES, IA 50266                | FIBER OPTIC NETWORK<br>SERVICES | IA  | IOWA HEALTH<br>SYSTEM               | C CORP   | 444,824.                        | 2,061,147.                               | 100%                           | X   |    |
| MEDIMORE, INC. - 42-1414390<br>1776 WEST LAKES PKWY. #400<br>WEST DES MOINES, IA 50266              | MANAGED CARE                    | IA  | IOWA HEALTH<br>SYSTEM               | C CORP   | 1,144,227.                      | 76,048.                                  | 100%                           | X   |    |
| MERITER HEALTH ENTERPRISES, INC. -<br>39-1293620, 202 SOUTH PARK STREET, MADISON,<br>WI 53715       | MANAGEMENT SERVICES             | WI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| MERITER MANAGEMENT SERVICES, INC. -<br>39-1458235, 202 SOUTH PARK STREET, MADISON,<br>WI 53715      | ADMINISTRATIVE<br>SERVICES      | WI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| METHODIST HEALTH VENTURES, INC. & SUB -<br>37-1140939, P.O. BOX 87, PEORIA, IL 61650                | PHARMACY/OFFICE<br>STAFFING     | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| OPTIMUM HEALTH SOLUTIONS, INC. - 20-5430137<br>221 NORTHEAST GLEN OAK AVE<br>PEORIA, IL 61636       | HEALTH & WELLNESS<br>CONSULTING | IA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PEKIN PROHEALTH, INC. - 37-1117052<br>600 SOUTH 13TH STREET<br>PEKIN, IL 61554                      | CLINIC                          | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PRECEDENCE, INC. - 37-1288604<br>4622 PROGRESS DRIVE, STE A<br>DAVENPORT, IA 52807                  | MANAGED MENTAL CARE             | IA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |



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

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

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

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

**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)<br>Name of related organization            | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) ALLEN MEMORIAL HOSPITAL CORPORATION        | L                             | 31,679,260.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (2) CENTRAL IOWA HOSPITAL CORPORATION          | L                             | 85,949,413.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (3) GRINNELL REGIONAL MEDICAL CENTER           | L                             | 4,285,464.             | BASED ON GAAP, CASH, AND/OR FMV.             |
| (4) IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION  | L                             | 52,826,091.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (5) MEDICAL LABORATORIES OF EASTERN IOWA, L.C. | L                             | 1,409,256.             | BASED ON GAAP, CASH, AND/OR FMV.             |
| (6) MEDIMORE, INC.                             | B                             | 1,129,169.             | BASED ON GAAP, CASH, AND/OR FMV.             |

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization             | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) MERITER HOSPITAL, INC.                    | L                             | 39,438,436.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (8) METHODIST MEDICAL CENTER OF ILLINOIS      | L                             | 36,756,164.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (9) NORTHWEST IOWA HOSPITAL CORPORATION       | L                             | 19,097,130.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (10) PEKIN MEMORIAL HOSPITAL                  | L                             | 5,453,000.             | BASED ON GAAP, CASH, AND/OR FMV.             |
| (11) PROCTOR HOSPITAL                         | L                             | 13,245,000.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (12) ST LUKE'S METHODIST HOSPITAL             | L                             | 38,892,000.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (13) ST. LUKE'S/JONES REGIONAL MEDICAL CENTER | L                             | 4,096,092.             | BASED ON GAAP, CASH, AND/OR FMV.             |
| (14) THE FINLEY HOSPITAL                      | L                             | 12,373,838.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (15) TRINITY MEDICAL CENTER                   | L                             | 46,196,518.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (16) TRINITY REGIONAL MEDICAL CENTER          | L                             | 14,682,360.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (17) UNITYPOINT AT HOME                       | L                             | 11,737,814.            | BASED ON GAAP, CASH, AND/OR FMV.             |
| (18) UNITYPOINT HEALTH-MARSHALLTOWN           | L                             | 2,600,000.             | BASED ON GAAP, CASH, AND/OR FMV.             |
| (19)  |                               |                        |  |
| (20)  |                               |                        |  |
| (21)  |                               |                        |  |
| (22)  |                               |                        |  |
| (23)  |                               |                        |  |
| (24)  |                               |                        |  |





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PARTS I - IV:

IOWA HEALTH SYSTEM AND SUBSIDIARIES (D/B/A UNITYPOINT HEALTH)

THIS ENTITY IS PART OF IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH),  
 THE NATION'S FIFTH LARGEST NON-DENOMINATIONAL HEALTH SYSTEM WITH \$4.3B  
 IN OPERATING REVENUE AND 27,000 TEAM MEMBERS. AS AN INTEGRATED HEALTH  
 SYSTEM, UNITYPOINT HEALTH PROVIDES CARE THROUGHOUT IOWA, WESTERN  
 ILLINOIS AND SOUTHERN WISCONSIN IN NOT-FOR-PROFIT HOSPITALS, CLINICS  
 AND OTHER HEALTHCARE FACILITIES. UNITYPOINT HEALTH OPERATES: 17  
 REGIONAL HOSPITALS; OVER 370 CLINICS; 19 COMMUNITY NETWORK HOSPITALS;  
 13 HOME CARE AREAS OF SERVICE; FIVE AFFILIATED COMMUNITY MENTAL HEALTH  
 CENTERS; AN ACCOUNTABLE CARE ORGANIZATION; AND HAS INSURANCE PRESENCE  
 ACROSS ALL OF ITS MARKETS.