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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01 , 2008, and ending 06/30 , 2009

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: UNITY FAMILY HEALTHCARE

Doing Business As:

Number and street (or P.O box if mail is not delivered to street address): 815 SE 2ND STREET — Room/suite:

City or town, state or country, and ZIP + 4: LITTLE FALLS, MN 56345

D Employer identification number: 41-0721642

E Telephone number: (320) 632-5441

G Gross receipts $: 55,989,258.

F Name and address of principal officer: CARL VAAGENES
815 SE 2ND STREET LITTLE FALLS, MN 56345

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list. (see instructions)

Tax-exempt status: [X] 501(c)(3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

Website: ▶ WWW.STGABRIELS.COM

H(c) Group exemption number ▶ 0928

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2001 M State of legal domicile: MN

POSTMARK DATE MAY 19 2010 ENVELOPE

SCANNED JUL 14 2010

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE VISION IS TO CREATE THE BEST HEALTHCARE EXPERIENCE BY IGNITING THE SPIRIT FOR SUPERIOR CARE AND SERVICE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	734
6	Total number of volunteers (estimate if necessary)	6	319
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	659,666.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-141,804.

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		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	565,987.	247,243.
9	Program service revenue (Part VIII, line 2g)	58,438,163.	52,997,339.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,647,956.	-61,615.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,289.	2,511,763.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,658,395.	55,694,730.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,850.	22,796.
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,307,434.	28,681,120.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	33,841,274.	27,805,299.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,172,558.	56,509,215.
19	Revenue less expenses Subtract line 18 from line 12	1,485,837.	-814,485.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	52,233,578.	48,284,905.
21	Total liabilities (Part X, line 26)	26,779,741.	24,204,367.
22	Net assets or fund balances. Subtract line 21 from line 20	25,453,837.	24,080,538.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5-17-10

▶ Steven S Smith VP of Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date: 5/17/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00642127

Firm's name (or yours, if self-employed), address, and ZIP + 4 ▶ CATHOLIC HEALTH INITIATIVES
9780 MT. PYRAMID COURT ENGLEWOOD, CO 80112

EIN ▶ 47-0617373

Phone no. ▶ 720-874-1500

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

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

If "Yes" describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 51,149,530. including grants of $ 22,796.) (Revenue $ 52,997,339.)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ $ 51,149,530. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 72		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 734		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 11			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARIA WAYTASHEK 815 SE 2ND STREET, LITTLE FALLS, MN 56345
320-631-5672

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,977,503.	756,081.	311,882.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 16

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 2		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 16

Part VIII Statement of Revenue 41-0721642

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	4,035.			
	d Related organizations	1d	105,000.			
	e Government grants (contributions)	1e	74,496.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	63,712.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		247,243.			
Program Service Revenue		**Business Code**				
	2a NET PATIENT SERVICES	900099	52,064,341.	52,064,341.		
	b INTERCOMPANY TRANSACTIONS	900099	544,469.	544,469.		
	c WELLNESS SERVICES	900099	180,615.	180,615.		
	d MEDICAL SERVICES	900099	178,632.	178,632.		
	e EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	29,282.	29,282.		
	f All other program service revenue	900099				
	g **Total.** Add lines 2a-2f		52,997,339.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		199,756.		39.	199,717.
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		NONE			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		29,996.			
	b Less cost or other basis and sales expenses	291,367.				
	c Gain or (loss)	-291,367.	29,996.			
	d Net gain or (loss)		-261,371.			-261,371.
	8a Gross income from fundraising events (not including $ 4,035. of contributions reported on line 1c) See Part IV, line 18 a	STMT 3	12,222.			
	b Less direct expenses b		3,161.			
	c Net income or (loss) from fundraising events		9,061.			9,061.
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		NONE			
	Miscellaneous Revenue	**Business Code**				
	11a PHARMACY SERVICES	446110	741,901.		508,723.	233,178.
	b SERVICES SOLD	900099	584,378.		150,904.	433,474.
	c CAFETERIA	722100	320,409.			320,409.
	d All other revenue	900099	856,014.			856,014.
	e **Total.** Add lines 11a-11d		2,502,702.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		55,694,730.	52,997,339.	659,666.	1,790,482.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	20,413.	20,413.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,383.	2,383.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	152,898.	30,580.	122,318.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	22,287,721.	21,190,607.	1,097,114.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	1,310,719.	1,224,142.	86,577.	
9 Other employee benefits	3,418,377.	3,396,046.	22,331.	
10 Payroll taxes	1,511,405.	1,365,458.	145,947.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	72,461.		72,461.	
c Accounting	56,356.		56,356.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	8,094,336.	6,938,559.	1,155,777.	
12 Advertising and promotion	NONE			
13 Office expenses	8,058,239.	7,760,741.	297,498.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,050,880.	945,531.	105,349.	
17 Travel	351,394.	311,020.	40,374.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	1,224,808.	1,224,808.		
21 Payments to affiliates	1,261,996.		1,261,996.	
22 Depreciation, depletion, and amortization	3,098,717.	2,664,897.	433,820.	
23 Insurance	194,770.	188,330.	6,440.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBTS	1,921,343.	1,921,343.		
b RECRUITMENT AND RELOCATION	215,843.	92,681.	123,162.	
c MINNESOTA CARE TAX	547,080.	547,080.		
d REPAIRS AND MAINTENANCE	402,135.	401,710.	425.	
e MEDICAID SURCHARGE	296,698.	296,698.		
f All other expenses	958,243.	626,503.	331,740.	
25 **Total functional expenses.** Add lines 1 through 24f	56,509,215.	51,149,530.	5,359,685.	NONE
26 **Joint Costs.** Check here ▶ [X] If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,050.	1	13,078.
	2	Savings and temporary cash investments	802,341.	2	1,145,426.
	3	Pledges and grants receivable, net	631,219.	3	438,847.
	4	Accounts receivable, net	6,585,237.	4	5,045,634.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	562,210.	7	1,018,456.
	8	Inventories for sales or use	979,612.	8	1,110,071.
	9	Prepaid expenses and deferred charges	163,077.	9	108,810.
	10a	Land, buildings, and equipment cost basis 10a 55,341,697.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 21,868,546.	35,669,427.	10c	33,473,151.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	4,424,675.	12	3,447,848.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,414,730.	15	2,483,584.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	52,233,578.	16	48,284,905.
Liabilities	17	Accounts payable and accrued expenses	2,860,848.	17	2,086,371.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	316,667.	23	276,667.
	24	Unsecured notes and loans payable	22,911,963.	24	21,151,829.
	25	Other liabilities Complete Part X of Schedule D	690,263.	25	689,500.
	26	**Total liabilities.** Add lines 17 through 25	26,779,741.	26	24,204,367.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	24,534,210.	27	23,516,411.
	28	Temporarily restricted net assets	919,627.	28	564,127.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	25,453,837.	33	24,080,538.
	34	Total liabilities and net assets/fund balances	52,233,578.	34	48,284,905.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
UNITY FAMILY HEALTHCARE	41-0721642

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 (Please check only **one** organization)

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)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **To be completed by organizations described below.**

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

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2008

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
UNITY FAMILY HEALTHCARE	41-0721642

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $ _____

3 Volunteer hours . . . . . _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

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 of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ $ _____

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

A Check ▶ ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		4,974.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			4,974.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details

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

Part III-B ***To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."*** See Schedule C instructions for details

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1i Also, complete this part for any additional information

990 SCH C SUPPLEMENTAL

LOBBYING ACTIVITIES EXPLANATION

PORTION OF ORGANIZATIONAL DUES RELATED TO LOBBYING:

CATHOLIC HEALTH ASSOCIATION - $1,965; MINNESOTA HOSPITAL ASSOCIATION - $750; MINNESOTA HOMECARE - $953; NATIONAL HOSPICE NHPCO - $9; CATHOLIC HOSPITAL ASSOCIATION - $440; AMERICAN HOSPITAL ASSOCIATION - $857

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

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

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		681,604.		681,604.
b Buildings		20,964,720.	7,029,716.	13,935,005.
c Leasehold improvements		4,198,563.	2,139,623.	2,058,940.
d Equipment		29,496,809.	12,699,207.	16,797,603.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				33,473,152.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other CHI OPERATING INV. PROGRAM, LP	3,447,848.	FMV
Total *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,447,848.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

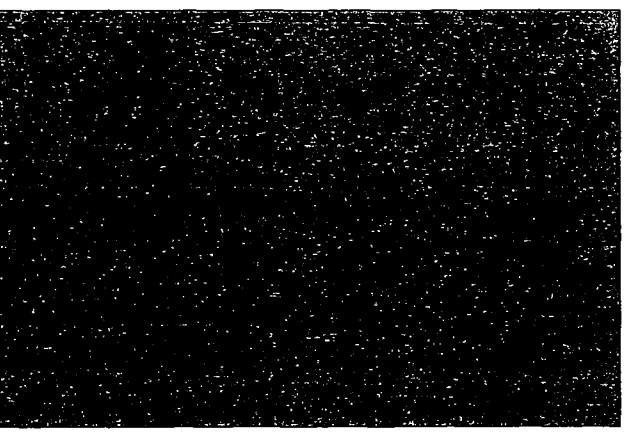
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
INV. -ST. GABRIEL'S CENTRACARE	1,127,703.
DIVIDEND RECEIVABLE	1,355,882.
Total *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	2,483,585.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ENVIRONMENTAL REMEDIATION	687,806.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	687,806.



In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,694,729.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	56,509,215.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-814,486.
4	Net unrealized gains (losses) on investments	4	-511,872.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-46,943.
9	Total adjustments (net) Add lines 4-8	9	-558,815.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,373,301.

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D PART XIV:

FOOTNOTE RE: UNCERTAIN TAX POSITIONS:

CHI FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 (FIN 48), WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION.

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIALS STATEMENTS.

PART XI, LINE 8, OTHER:

CHI CONNECT DEPRECIATION - $182,053

CAPITAL RESOURCE POOL CONTRIBUTION - ($228,996)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization
UNITY FAMILY HEALTHCARE

Employer identification number
41-0721642

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 MOTORCYCLE RUN (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	10,732.	5,525.		16,257.
	2 Less Charitable contributions	1,110.	2,925.		4,035.
	3 Gross revenue (line 1 minus line 2)	9,622.	2,600.		12,222.
Direct Expenses	4 Cash prizes	1,000.	372.		1,372.
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	207.	1,582.		1,789.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(3,161.)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				9,061.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes ____% No	Yes ____% No	Yes ____% No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records				
	Name ▶ _____				
	Address ▶ _____				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c	If "Yes," enter name and address				
	Name ▶ _____				
	Address ▶ _____				
16	Gaming manager information				
	Name ▶ _____				
	Gaming manager compensation ▶ $ _____				
	Description of services provided ▶ _____				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a		
b	If "Yes," is it a written policy?		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c	If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Does the organization prepare an annual community benefit report?		
b	If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *Worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *Worksheet 3, column a*)						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities *(Optional for 2008)*

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6 - surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV **Management Companies and Joint Ventures** *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
ST. GABRIEL'S HOSPITAL 815 SE SECOND STREET LITTLE FALLS MN 56345	X	X			X		X		
FAMILY MEDICAL CENTER 811 SE SECOND STREET LITTLE FALLS MN 56345									OUTPATIENT CLINIC
ST. CAMILLUS PLACE 1100 SE FOURTH STREET LITTLE FALLS MN 56345									LONG TERM CARE
LITTLE FALLS ORTHOPEDICS 1108 1ST ST SE LITTLE FALLS MN 56345									OUTPATIENT CLINIC
RANDALL LAKES AREA CLINC 250 WHITE OAK DRIVE RANDALL MN 56475									OUTPATIENT CLINIC
ALBANY AREA HOSPITAL 300 THIRD AVENUE NORTH ALBANY MN 56307	X	X			X		X		
ALBANY MEDICAL CENTER 300 THIRD AVENUE ALBANY MN 56307									OUTPATIENT CLINIC
AVON MEDICAL CLINIC 108 STRATFORD STREET WEST AVON MN 56310									OUTPATIENT CLINIC
ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS MN 56345									LONG TERM CARE
COMMUNITY MEDICAL CENTER 200 SOUTH FIRST AVENUE PIERZ MN 56364									OUTPATIENT CLINIC

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

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? . . . . . [X] 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GABRIEL'S HOSPITAL AUXILIARY 818 SE 2ND STREET LITTLE FALLS, MN 56345	99-999999	501(C)(3)	10,000.				CAPITAL CAMPAIGN

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶

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

Schedule I (Form 990) 2008

JSA
8E1288 2 000

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I PART I Q2:

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS:

RREQUESTS FOR GRANTS TO BE PAID TO INDIVIDUALS OR ORGANIZATIONS ARE SENT

TO THE MANAGER OF COMMUNICATIONS AND DEVELOPMENT FOR APPROVAL. THESE

REQUESTS ARE REVIEWED TO ENSURE THEIR PURPOSE BENEFITS THE COMMUNITY. NEW

OR LARGE GRANT REQUESTS ARE APPROVED BY THE CEO.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
CARL VAAGENES	(ii)	192,873.	41,076.	29,766.		37,387.	301,103.	119,564.
	(i)	597,151.	141,931.	65,295.		36,412.	840,789.	312,231.
PHILIP PROSAPIO	(ii)							
	(i)	596,315.	98,887.	65,295.		36,412.	796,909.	312,636.
DAVID JORGENSEN	(ii)							
	(i)	581,534.	31,250.	65,295.		33,211.	711,290.	312,254.
VIRGIL MEYER	(ii)							
	(i)	172,713.	51,641.	162.		34,963.	259,479.	125,382.
HEATHER SWANSON	(ii)							
	(i)	171,726.	18,139.	180.		33,321.	223,366.	117,349.
DARON GERSCH	(ii)							
	(i)	99,804.	11,972.			26,380.	138,156.	58,209.
ANN BERTOCH	(ii)							
	(i)	113,174.	11,323.			17,094.	141,591.	51,898.
CORY GLAD	(ii)							
	(i)							
JEFFREY DROP	(ii)	321,416.	76,800.	94,149.	2,744.	41,962.	537,071.	240,658.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCH J PART I Q 4A:

SEVERENCE PAYMENTS:

POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVE'S ("CHI") MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

UNITY FAMILY HEALTHCARE EMPLOYEES WILL BE PROVIDED WITH NOTICE OR PAY IN LIEU OF NOTICE IN INSTANCES WHERE EMPLOYEES WILL BE SEPARATED FROM EMPLOYMENT DUE TO A REDUCTION IN WORKFORCE. INFORMATION WILL BE PROVIDED REGARDING THE DATE OF SEPARATION, SEVERANCE PAY (IF APPLICABLE), AND BENEFIT STATUS AND CONTINUATION.

SEVERANCE PAY MAY BE OFFERED TO REGULAR FULL-TIME AND PART-TIME EMPLOYEES WHO ARE AFFECTED BASED ON COMPLETE YEARS OF SERVICE. ANY VACATION PAY

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

DUE WILL BE PAID OUT IN THE LAST PAY PERIOD OF HOURS WORKED PRIOR TO SEVERANCE PAY. ALL PAYMENTS WILL BE MADE DURING REGULAR SCHEDULED PAY PERIODS NOT TO EXCEED A TOTAL OF 80 HOURS EACH PAY PERIOD.

SEVERANCE WILL BE CALCULATED USING BASE PAY AND OFFERED TO AFFECTED EMPLOYEES AS FOLLOWS:

1. NON-EXEMPT EMPLOYEES WILL BE OFFERED TWO WEEKS BASE SEVERANCE, PLUS ONE WEEK OF PAY PER YEAR OF SERVICE UP TO A MAXIMUM OF FOUR WEEKS. THE COMBINATION OF BASE SEVERANCE PAY AND YEARS OF SERVICE SEVERANCE PAY WILL NOT EXCEED 240 HOURS.

2. EXEMPT EMPLOYEES WILL BE OFFERED FOUR WEEKS BASE SEVERANCE, PLUS TWO WEEKS OF PAY PER YEAR OF SERVICE UP TO A MAXIMUM OF TWELVE WEEKS. THE COMBINATION OF BASE SEVERANCE PAY AND YEARS OF SERVICE SEVERANCE PAY WILL NOT EXCEED 640 HOURS.

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE CALENDAR

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

YEAR 2008 AND THE PAYMENT WAS INCLUDED IN THE INDIVIDUAL'S REPORTABLE COMPENSATION: CORY GLAD - $54,869

SCH J PART I Q 7:

NON-FIXED PAYMENTS PROVIDED:

A VARIABLE PAY PLAN FOR EMPLOYEES AT THE LEVEL OF MANAGER AND ABOVE THAT PUTS A CERTAIN AMOUNT OF COMPENSATION AT RISK IS PAID OUT ANNUALLY. AWARDS OF INCENTIVE COMPENSATION UNDER THE VARIABLE PAY PLAN ARE MADE BASED UPON ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES INCLUDING PERFORMANCE IN RELATION TO BUDGET AS WELL AS ACHIEVEMENT OF INDIVIDUAL GOALS. ALL COMPENSATION, INCLUDING ANY INCENTIVE COMPENSATION, IS CAPPED TO ENUSRE THAT COMPENSATION REMAINS AT FAIR MARKET VALUE.

ALL EMPLOYED PHYSICIANS AND EMPLOYED MIDLEVELS AT ALBANY MEDICAL CENTER ARE ELIGIBLE FOR INCENTIVE COMPENSATION ABOVE THEIR BASE SALARY.

INCENTIVE COMPENSATION IS VARIABLE AND BASED ON PRODUCTIVITY. RATES, PRODUCTIVITY MEASURES AND THRESHHOLDS USED IN CALCULATION OF THE COMPENSATION ARE ESTABLISHED IN EACH PROVIDER'S CONTRACT. THESE PAYMENTS ARE PAID OUT QUARTERLY OR ANNUALLY AS STATED IN THE CONTRACTS.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCH J PART I Q 4B:

NON-QUALIFIED DEFERRED COMPENSATION PAYMENTS:

DURING THE 2008 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN:

CARL VAAGENES

JEFFERY DROP

DURING 2008 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN:

CARL VAAGENES - $10,158

JEFFERY DROP - $61,809

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCH J, PART I Q 3:

METHODS USED TO ESTABLISH TOP MANAGEMENT'S COMPENSATION:

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION. THE FOLLOWING METHODS WERE USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) WRITTEN EMPLOYMENT CONTRACTS; (4) COMPENSATION SURVEY OR STUDY; (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

UNITY FAMILY HEALTHCARE

Employer Identification number

41-0721642

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CARL VAAGENES CEO	45.	X		X					263,716.	37,387.
PAUL CAMERON TRUSTEE	1.	X								
SR BERNICE EBNER TRUSTEE	1.	X								
TERI HOGGARTH TRUSTEE	1.	X								
HARNATH HOLMES, MD TRUSTEE	1.	X								
RYAN KRAY, MD TRUSTEE	1.	X								
KURT OWEN TRUSTEE	1.	X								
JAMES PETERS, DDS TRUSTEE	1.	X								
LORAE VARDAS TRUSTEE	1.	X								
PETER VOGEL TRUSTEE	1.	X								
JEFFREY DROP TRUSTEE	1.	X							492,365.	44,706.
STEPHEN PLAISANCE CFO	45.			X				83,716.		11,996.
PHILIP PROSAPIO PHYSICIAN	45.					X		804,377.		36,412.
DAVID JORGENSEN PHYSICIAN	45.					X		760,497.		36,412.
VIRGIL MEYER PHYSICIAN	45.					X		678,079.		33,211.
HEATHER SWANSON PHYSICIAN	45.					X		224,516.		34,963.
DARON GERSCH PHYSICIAN	45.					X		190,045.		33,321.
ANN BERTOCH VP PATIENT SERVICES							X	111,776.		26,380.
CORY GLAD VP LONG TERM CARE							X	124,497.		17,094.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

FORM 990, PART III:

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

INTRODUCTION:

A. UNITY FAMILY HEALTHCARE'S MISSION AND VISION

UNITY FAMILY HEALTHCARE'S (UFH) MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VITALITY IN THE 21ST CENTURY. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES. OUR VISION IS TO CREATE THE BEST POSSIBLE HEALTH CARE EXPERIENCE BY IGNITING THE SPIRIT FOR SUPERIOR CARE AND SERVICE.

UFH WAS FOUNDED BY THE FRANCISCAN SISTERS OF LITTLE FALLS TO PROMOTE THE ORGANIZATION'S HEALING MINISTRY. THE CORNERSTONE OF UFH IS ST. GABRIEL'S HOSPITAL, A 49-BED CRITICAL ACCESS HOSPITAL (CAH) WHICH WAS ORIGINALLY ORGANIZED IN MAY OF 1891 AND RECEIVED ITS FIRST PATIENTS IN JANUARY OF 1892. ST. GABRIEL'S HOSPITAL AND THE OTHER ORGANIZATIONS THAT COMPRISE UFH-ST. CAMILLUS PLACE, RANDALL LAKES AREA CLINIC, LITTLE FALLS ORTHOPEDICS AND ALBANY AREA HOSPITAL & MEDICAL CENTER-SERVE ALL PERSONS IN THE COMMUNITY ON A NON-DISCRIMINATORY BASIS. THE TWO HOSPITALS OPERATE EMERGENCY SERVICES DEPARTMENTS THAT ARE OPEN TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY AND THEY HAVE OPEN MEDICAL STAFFS WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS AND MID-LEVEL PRACTITIONERS (PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, ETC.). THE UFH

SCHEDULE O (Form 990)

Department of the Treasury
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BOARD OF DIRECTORS IS AN ELEVEN-MEMBER GOVERNING BOARD OF INDEPENDENT INDIVIDUALS WHO SERVE AS REPRESENTATIVES OF THE COMMUNITY AND OVERSEE OPERATIONS OF THE UFH FACILITIES. ONLY TWO MEMBERS OF THE GOVERNING BOARD ARE NOT DIRECTLY SERVING AS REPRESENTATIVES OF THE COMMUNITY-THE PRESIDENT/CEO AND THE SENIOR VICE PRESIDENT OF OPERATIONS. ST. GABRIEL'S HOSPITAL ENGAGES IN THE TRAINING OF HEALTH PROFESSIONALS, ESPECIALLY PHARMACISTS, NURSES, AND PHYSICIAN ASSISTANTS. ST. GABRIEL'S HOSPITAL ALSO HAS BEEN AN ACTIVE PARTICIPANT IN THE UNIVERSITY OF MINNESOTA'S RURAL PHYSICIAN ASSOCIATE PROGRAM (RPAP) SINCE ITS INCEPTION IN 1973. THE PROGRAM PROVIDES A "HANDS-ON" EXPERIENCE OF SERVING THE PRIMARY CARE NEEDS OF PEOPLE IN RURAL AREAS. UFH FACILITIES PARTICIPATE IN ALL GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS SUCH AS MEDICAID, MEDICARE, CHAMPUS, MINNESOTACARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS (I.E., THE SAGE PROGRAM, FORMERLY CALLED THE MINNESOTA BREAST & CERVICAL CANCER CONTROL PROGRAM, WHICH PROVIDES FREE OR LOW-COST SCREENING SERVICES TO WOMEN AT OR BELOW 200% OF FEDERAL POVERTY GUIDELINES).

COMMUNITY SERVICE HAS ALWAYS BEEN AT THE CORE OF UFH ACTIVITIES. FOR EXAMPLE, IT WAS THE FIRST ORGANIZATION TO OFFER PRENATAL EDUCATION TO EXPECTANT MOTHERS AND UFH, THROUGH ST. GABRIEL'S HOSPITAL AND THANKS TO A CATHOLIC HEALTH INITIATIVES (CHI) MISSION AND MINISTRY FUND PLANNING GRANT, FORMED THE HEALTH COMMUNITIES COLLABORATIVE (HCC) OF MORRISON COUNTY IN 2005. EACH YEAR, THE HCC IDENTIFIES PROGRAMS AND SERVICES THAT ARE NEEDED IN THE COMMUNITY AND HELPS TO WRITE A PROJECT GRANT TO DEVELOP

THOSE PROGRAMS AND SERVICES. SOME NOTABLE EXAMPLES FROM RECENT YEARS INCLUDE: THE YOUTH RECREATION INITIATIVE, A FAMILY VIOLENCE REDUCTION PROJECT AND THE BRIDGES: A YOUTH, FAMILY, COMMUNITY PROGRAM WHICH PROVIDES BEHAVIORAL HEALTH COUNSELING AND OTHER SERVICES TO YOUTH IN THE PUBLIC SCHOOLS AND OTHER SERVICES TO FAMILIES UTILIZING COMMUNITY RESOURCES. THE PROGRAMS AND SERVICES DESCRIBED THROUGHOUT THIS REPORT NOT ONLY SERVE ALL PERSONS IN THE COMMUNITY, BUT ALSO HELP TO REDUCE THE BURDENS ON LOCAL GOVERNMENT THROUGH A SPIRIT OF COLLABORATION. BOTH ST. GABRIEL'S HOSPITAL AND ALBANY AREA HOSPITAL & MEDICAL CENTER PROVIDE SOME LEVEL OF CHARITY CARE (SEE TABLE TO FOLLOW), IN ADDITION TO A WIDE RANGE OF COMMUNITY BENEFIT ACTIVITIES THAT SERVE THE NEEDS OF THE POOR.

B. COMMUNITY BENEFIT APPROACH

UFH'S APPROACH TO COMMUNITY BENEFIT REVOLVES AROUND SERVING THE HEALTH CARE NEEDS OF ALL PEOPLE THROUGHOUT THE TWO SERVICE AREAS. THE MAIN LOCATION IN LITTLE FALLS, MINNESOTA, SERVES PEOPLE THROUGHOUT MORRISON COUNTY AND THE SURROUNDING AREA OF CENTRAL MINNESOTA THROUGH THE FOLLOWING ENTITIES: ST. GABRIEL'S HOSPITAL (AN ACUTE CARE COMMUNITY CAH HOSPITAL), ST. CAMILLUS PLACE (A 14-BED HOME FOR ADULTS WITH DEVELOPMENTAL DISABILITIES), RANDALL LAKES AREA CLINIC (A PRIMARY CARE CLINIC STAFFED FOUR HALF-DAYS PER WEEK BY A PHYSICIAN ASSISTANT), AND LITTLE FALLS ORTHOPEDICS, A PROVIDER-BASED RURAL HEALTH CLINIC WITH FOUR ORTHOPEDICS SURGEONS, TWO PODIATRISTS AND SEVERAL MID-LEVEL PRACTITIONERS. THE ALBANY, MINNESOTA, LOCATION SERVES THE PEOPLE OF

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

NORTH-CENTRAL STEARNS COUNTY AND SOUTHWESTERN MORRISON COUNTY THROUGH ITS ENTITIES-ALBANY AREA HOSPITAL & MEDICAL CENTER (AN 18-BED CAH AND MEDICAL CLINIC), HOLDINGFORD MEDICAL CLINIC IN HOLDINGFORD, MINNESOTA, AND AVON MEDICAL CLINIC IN AVON, MINNESOTA.

MORRISON COUNTY HAS A POPULATION OF APPROXIMATELY 32,000. ACCORDING TO THE U.S. CENSUS BUREAU, THE COUNTY IS THE ELEVENTH POOREST COUNTY IN MINNESOTA BASED ON PER CAPITA INCOME WITH A PER CAPITA INCOME OF $15,566 COMPARED TO $23,198 STATEWIDE. IT ALSO HAS A HIGHER RATE OF SENIORS WITH 15.6% OF THE POPULATION AGE 65 OR OLDER IN COMPARISON TO 12.1% STATEWIDE. THE AREA SERVED BY THE ALBANY-BASED FACILITIES, NORTH-CENTRAL STEARNS COUNTY, IS CONSISTENT WITH STATEWIDE PERCENTAGES. THE AREA IS SLIGHTLY YOUNGER THAN THE STATE 11.8% AGE 65 AND OLDER AND ONLY SLIGHTLY POORER ($22,948 IN PER CAPITA INCOME).

ACCESS TO HEALTH CARE IS AN ISSUE IN BOTH COMMUNITIES. THE ALBANY SERVICE AREA HAS BEEN IDENTIFIED AS A HEALTH PROFESSIONAL SHORTAGE AREA AND THE ALBANY MEDICAL CENTER HAS BEEN DESIGNATED AS A RURAL HEALTH CLINIC. TWO SMALL PORTIONS OF MORRISON COUNTY, A SMALL AREA IN THE NORTHEASTERN SECTION OF THE COUNTY AND A SECOND AREA IN AND AROUND THE RANDALL LAKES AREA CLINIC ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS. BOTH AREAS ARE SERVED BY UFH FACILITIES. NOTABLY, THE LACK OF ACCESS TO CARE WAS ONE OF THE PRINCIPAL REASONS FOR OPENING THE RANDALL LAKES AREA CLINIC IN MAY 2006. IN THE MOST RECENT COMMUNITY HEALTH ASSESSMENTS, BEHAVIORAL HEALTH ISSUES CONTINUE TO BE A MAJOR CONCERN.

SCHEDULE O (Form 990)

Department of the Treasury
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IT'S ESPECIALLY DIFFICULT TO GET ACCESS TO PSYCHIATRIC SERVICES, BECAUSE OF THE COST TO BRING IN A PSYCHIATRIST AND SOME RELUCTANCE ON THE PART OF PSYCHIATRISTS TO TRAVEL. THEY SEE THE "WINDSHIELD TIME" AS NOT PRODUCTIVE. THE BEHAVIORAL HEALTH CONCERNS LED TO THE WRITING OF THE CHI GRANT TO OFFER MENTAL HEALTH COUNSELING TO CHILDREN IN THE TWO ELEMENTARY SCHOOLS IN LITTLE FALLS, MN. THE "BRIDGES" PROGRAM RECEIVED A "SPIRIT OF CARING" AWARD FROM CENTRACARE HEALTH FOUNDATION AND THE COORDINATOR OF THE PROGRAM WAS A PRESENTER AT THE CATHOLIC HEALTH ASSOCIATION'S NATIONAL ASSEMBLY IN JUNE 2007. THIS YEAR (MARCH 2009), THE HCC WILL BE REQUESTING A GRANT TO UNDERTAKE A YOUTH DEVELOPMENT INITIATIVE ON MARCH 1. THIS NEED WAS ALSO IDENTIFIED THROUGH THE COLLABORATIVE'S ASSESSMENT PROCESSES AND THROUGH INPUT FROM THE HCC BOARD OF DIRECTORS. UFH RECENTLY (JULY 2009) RECEIVED NOTIFICATION THAT THE YOUTH DEVELOPMENT INITIATIVE WAS FUNDED. IN ADDITION, THE HCC WILL BE PROVIDING OVERSIGHT ON A SECOND GRANT, WHICH BEGAN IN JULY (2009) DEALING WITH VIOLENCE PREVENTION IN OUR COMMUNITY. SOME OF THE ENTITIES PARTICIPATING ON THE HCC, IN ADDITION TO SEVERAL REPRESENTATIVES FROM UFH AND ITS BOARD, INCLUDE: MORRISON COUNTY SOCIAL SERVICES, MORRISON COUNTY PUBLIC HEALTH, THE MORRISON COUNTY RECORD, THE MORRISON COUNTY ADMINISTRATOR, PUBLIC ACCESS CABLE TELEVISION, THE FRANCISCAN SISTERS OF LITTLE FALLS, FIRST UNITED CHURCH, LITTLE FALLS SCHOOLS (INCLUDING ONE OF THE DISTRICT'S NURSES), PIERZ COMMUNITY SCHOOLS, THE LITTLE FALLS AREA CHAMBER OF COMMERCE, DR. HEIDI GUNN (AN EMERGENCY SERVICES PHYSICIAN), AND DISTRICT COURT JUDGE CONRAD FREEBERG.

THE UFH APPROACH TO COMMUNITY BENEFIT ALSO INVOLVES CONDUCTING REGULAR (EVERY THREE TO FIVE YEARS) COMMUNITY HEALTH NEEDS ASSESSMENTS (THE CHNAS). THESE ASSESSMENTS HAVE HISTORICALLY BEEN PAID FOR THROUGH GRANTS AND A COLLABORATIVE EFFORT AMONG ST. GABRIEL'S HOSPITAL, MORRISON COUNTY SOCIAL SERVICES AND MORRISON COUNTY PUBLIC HEALTH. THEY HAVE INCLUDED A WRITTEN SURVEY AND WELL AS KEY INFORMANT INTERVIEWS, AND FOCUS GROUPS AROUND PARTICULAR HEALTH ISSUES OR ACCESS CONCERNS. THE MOST RECENT CHNA WAS CONDUCTED EARLIER THIS SUMMER (JULY 2009). SIMILARLY, AAHMC CONDUCTS REGULAR ASSESSMENTS OF ITS COMMUNITY'S NEEDS, IN PARTNERSHIP WITH OTHER KEY STAKEHOLDERS. SEVERAL FOCUS GROUPS WERE HELD LATE THIS FISCAL YEAR (JUNE 2009) TO ASSESS COMMUNITY HEALTH NEEDS AND A COMPREHENSIVE REPORT WAS PROVIDED IN AUGUST 2009.

C. FINANCIAL ASSISTANCE POLICIES AND PROGRAM

UFH OFFERS UNINSURED DISCOUNTS TO PATIENTS WHO MEET THE DEFINITION OF UNINSURED PATIENTS BY EITHER A) PATIENTS WITH THE ABILITY TO PAY OR PATIENTS WHO FAIL TO MEET CHARITABLE FINANCIAL ASSISTANCE GUIDELINES OR B) UFH HAS DOCUMENTATION INDICATING THAT THE PATIENT HAS CLEARLY STATED THAT HE/SHE DOES NOT WANT TO BE CONSIDERED FOR CHARITY CARE. THIRD-PARTY DISCOUNTS FOR ACCOUNTS, IN WHICH THERE ARE NO CONTRACTS BETWEEN THE INSURERS AND UFH, SHALL BE PERMITTED ONLY UNDER CERTAIN CIRCUMSTANCES. THE MINNESOTA ATTORNEY GENERAL'S AGREEMENT SIGNED BY UFH SETS FORTH THE GUIDELINES FOR MINNESOTA'S UNINSURED RESIDENTS WHO USE OUR FACILITIES. THIS POLICY IS COMMUNICATED TO THE PUBLIC THROUGH THE POSTING OF THE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

POLICY IN ADMITTING AREAS AND PERIODICALLY VIA ARTICLES IN THE LOCAL NEWSPAPER OR THE ORGANIZATION'S ANNUAL REPORT. UNINSURED DISCOUNTS ARE OFFERED TO ALL PATIENTS WHO: A) ARE CONSIDERED 100% UNINSURED, FAIL TO QUALIFY FOR ANY FEDERAL, STATE, COUNTY OR LOCAL ASSISTANCE PROGRAM AND ARE DETERMINED TO HAVE THE ABILITY TO PAY OR: B) THOSE WHO HAVE 100% NON-COVERED SERVICES.

IN ADDITION, UFH OFFERS CHARITY CARE TO PEOPLE WHO MEET CERTAIN CRITERIA. SUCH PATIENTS ARE REQUIRED TO FILL OUT AN APPLICATION FORM. THE FINANCIAL SERVICES COUNSELOR WILL ASSIST THE PATIENT WITH COMPLETING THE FORM AND DETERMINING IF THE PATIENT QUALIFIES FOR CHARITY CARE, WHICH MAY PAY UP TO 100% OF THE PATIENT'S BILL. ANNUALLY, UFH PROVIDES MORE THAN $200,000 IN CHARITY CARE AND IS CURRENTLY TRYING ADDITIONAL STRATEGIES TO INCREASE THE AMOUNT OF CHARITY CARE PROVIDED, RATHER THAN HAVING THE COSTS GO TO "BAD DEBT," WHICH NEGATIVELY IMPACTS BOTH UFH AND THE INDIVIDUAL PATIENTS. AN ARTICLE WAS RECENTLY PUBLISHED IN THE LOCAL NEWSPAPER HIGHLIGHTING THE DIFFERENCES BETWEEN BAD DEBT AND CHARITY CARE AND ENCOURAGED PATIENTS TO COMMUNICATE THEIR INABILITY TO PAY FOR THEIR MEDICAL EXPENSES EARLY ON IN THE PROCESS.

FINALLY, UFH UNDERTOOK A NEW CHI PROJECT IN 2009 TO COMMUNICATE THE ESTIMATED COST OF A PATIENT'S CARE PRIOR TO THEM BEING ADMITTED, IN ORDER FOR THEM TO BETTER PLAN FOR PAYING THEIR BILLS AND ACCESSING RESOURCES THROUGH GOVERNMENT-SPONSORED PROGRAM OR UFH'S OWN CHARITY CARE PROGRAM.

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FORM 990, PART III:

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONT.:

I. QUANTITATIVE DESCRIPTION OF COMMUNITY BENEFIT:

	ESTIMATED NUMBER OF PEOPLE SERVED	COMMUNITY BENEFIT COST
BENEFIT FOR THE POOR:		
CHARITY CARE AT COST	951	$378,662
UNPAID COSTS OF PUBLIC PROGRAMS, MEDICAID AND OTHER INDIGENT CARE PROGRAMS	11,261	$2,680,043
OTHER BENEFIT PROVIDED TO THE POOR	3,464	$22,080
TOTAL BENEFIT FOR THE POOR	15,676	$3,080,785
BENEFIT FOR THE BROADER COMMUNITY:		
COMMUNITY HEALTH SERVICES	10,541	$220,026
HEALTH PROFESSIONS EDUCATION	306	$22,406
SUBSIDIZED HEALTH SERVICES	UNKNOWN	$501,320
RESEARCH		
FINANCIAL CONTRIBUTIONS	874	$19,368
COMMUNITY BUILDING ACTIVITIES		
COMMUNITY BENEFIT OPERATIONS	N/A	$4,866
OTHER BENEFIT PROVIDED TO THE		

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BROADER COMMUNITY 8,207 $1,261,795

TOTAL BENEFIT FOR THE

BROADER COMMUNITY 19,928 $2,029,781

TOTAL BENEFIT FOR THE POOR AND

BROADER COMMUNITY 35,604 $5,110,566

UNCOMPENSATED CARE:

AS DESCRIBED IN THE TABLE ABOVE, UFH PROVIDES A SIGNIFICANT LEVEL OF FREE CARE EACH YEAR. IN FISCAL YEAR 2009 (ENDING JUNE 30, 2009), THE COST OF CHARITY CARE PROVIDED WAS $378,662, A SIGNIFICANT (88%) INCREASE OVER FISCAL YEAR 2008 WHEN THE TRADITIONAL CHARITY CARE PROVIDED WAS $200,541. THIS HUGE INCREASE IS DUE TO AN INCREASED NUMBER OF PATIENTS (MORE THAN DOUBLE OVER 2008). A DOWNTURN IN THE LOCAL ECONOMY LIKELY WAS THE MOST SIGNIFICANT VARIABLE IN THIS INCREASE. UFH ALSO INCURRED $2,680,043 IN UNREIMBURSED COSTS FOR SERVICES PROVIDED TO MEDICAID PATIENTS, WHICH REPRESENT APPROXIMATELY 18% OF THE PATIENTS SERVED BY UFH FACILITIES. ALMOST ALWAYS, THE COST OF PROVIDING SERVICES TO MEDICAID PATIENTS IS GREATER THAN THE PAYMENTS UFH RECEIVES FROM THE MEDICAID PROGRAM. AS A CRITICAL ACCESS HOSPITALS (ST. GABRIEL'S HOSPITAL AND ALBANY AREA HOSPITAL & MEDICAL CENTER), OUR MEDICARE REIMBURSEMENT IS COST-BASED AND THEREFORE, THERE TYPICALLY ISN'T A MEDICARE SHORTFALL.

II. QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT:

A. COMMUNITY OUTREACH FOR THE POOR

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BRIDGES: CHILDREN, FAMILIES, COMMUNITY

UFH HAS SEVERAL PROGRAMS AND COMMUNITY BENEFIT ACTIVITIES THAT HAVE CLEARLY MET AN IDENTIFIED COMMUNITY HEALTH NEED FOR PERSONS WHO LIVE IN POVERTY OR WHO FOR OTHER REASONS FACE CHALLENGES ACCESSING HEALTH CARE. MOST NOTABLY, WAS THE "BRIDGES: YOUTH, FAMILY, COMMUNITY" PROGRAM. THIS PROGRAM WAS TARGETED AT ELEMENTARY SCHOOL-AGED CHILDREN WHO, TOGETHER WITH THEIR FAMILIES, WERE FACING BEHAVIORAL HEALTH PROBLEMS. THE HEALTHY COMMUNITIES COLLABORATIVE (HCC) OF MORRISON COUNTY IDENTIFIED THE NEED TO OFFER SOME INTERVENTIONAL COUNSELING TO CHILDREN WHO WERE CAUSING CLASSROOM DISRUPTIONS AND CHI MISSION & MINISTRY FUND GRANT WAS WRITTEN TO START THE PROGRAM IN TWO SCHOOL DISTRICTS IN THE COUNTY. THE PROGRAM HAS DRAWN RAVE REVIEWS FROM TEACHERS AND PARTICIPATING FAMILIES. ONE TEACHER SAID THE PROGRAM IS ONE OF THE BEST THINGS TO HAPPEN TO THIS COMMUNITY. BY BOTH QUANTITATIVE AND QUALITATIVE MEASURES (NUMBER AND INTENSITY OF CLASSROOM DISRUPTIONS, STAFF AND FAMILY TESTIMONIALS, ETC.), THE PROGRAM IS A SUCCESS IN ITS OVERALL GOAL IMPROVING A FAMILY'S CONNECTEDNESS TO THE COMMUNITY. MANY COMMUNITY BUSINESSES HAVE DONATED FOOD AND OTHER ITEMS TO THE FAST (FAMILIES AND SCHOOLS TOGETHER) COMPONENT OF THE PROGRAM AND THE HCC, AND ITS DIVERSE GROUP OF BOARD MEMBERS OVERSAW THE PREPARATION OF THE GRANTS WHICH HAVE FUNDED THE PROGRAM AS WELL AS ITS IMPLEMENTATION. ONE KEY GOAL AND ACHIEVEMENT OF THE PROGRAM HAS BEEN A 20% DECREASE IN THE NUMBER OF CLASSROOM DISRUPTIONS. WHILE THE PROGRAM WILL CONTINUE IN A DIFFERENT MANNER IN THE COMING YEAR, CHILDREN WILL STILL BE ABLE TO ACCESS THE SERVICES THEY NEED AND THE FAST PROGRAM WILL CONTINUE TO UTILIZE COMMUNITY RESOURCES TO FAMILIES NEEDING THAT CONNECTEDNESS. THIS PROGRAM PRODUCED A COMMUNITY

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BENEFIT OF $61,869 WHILE SERVING 310 PEOPLE.

HOME-DELIVERED MEALS

ANOTHER PROGRAM SPECIFICALLY TARGETED TO THE POOR IS UFH'S PARTICIPATION IN THE LITTLE FALLS "HOME-DELIVERED MEALS" PROGRAM. THIS INITIATIVE INVOLVES DELIVERING MEALS TO NEEDY PEOPLE IN THE COMMUNITY. NOT ONLY ARE THE RECIPIENTS GRATEFUL FOR PREPARED MEALS, MANY ARE EQUALLY GLAD FOR THE OPPORTUNITY TO INTERACT WITH SOMEONE FROM THE COMMUNITY. THEY ARE FREQUENTLY ISOLATED AND SUCH OPPORTUNITIES ARE LIMITED AT BEST. THE HOME-DELIVERED MEALS PROGRAM MEETS A LOCAL COMMUNITY NEED AND IS DIRECTLY RELATED TO THE BROAD DEFINITION OF HEALTH-IN THAT IT ADDRESSES THE SPIRITUAL, MENTAL, PHYSICAL AND EMOTIONAL WELL-BEING OF PEOPLE IN THE COMMUNITY. THE UFH DEPARTMENT MANAGERS HAVE UNDERTAKEN THIS PROJECT RESULTING IN A COMMUNITY BENEFIT OF $22,406 WHILE SERVING 306 INDIVIDUAL SHUT-INS, ETC.

MINNESOTA BREAST & CERVICAL CANCER CONTROL PROGRAM

ST. GABRIEL'S HOSPITAL WAS AMONG THE FIRST FACILITIES IN THE STATE TO PARTICIPATE IN THE MINNESOTA BREAST AND CERVICAL CANCER CONTROL PROGRAM (NOW CALLED SAGE), WHICH PROVIDES SCREENING SERVICES TO LOW-INCOME WOMEN. ST. GABRIEL'S HOSPITAL AND THE OTHER LITTLE FALLS-BASED MEDICAL PROVIDERS CONTINUE TO BE AMONG THE MOST UTILIZED PARTICIPANTS IN THE STATE. THIS HIGH PARTICIPATION RATE IS DUE TO PRIMARILY TWO FACTORS-THE LOW PER CAPITA INCOME IN THE COUNTY AND THE EFFECTIVENESS IN PRESENTING THE PROGRAM TO WOMEN WHO MAKE APPOINTMENTS FOR THE COVERED SERVICES. ST. GABRIEL'S HOSPITAL HAS BEEN ASKED TO PRESENT THE KEYS TO ITS SUCCESS AT MINNESOTA DEPARTMENT OF HEALTH EDUCATION PROGRAMS.

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B. COMMUNITY OUTREACH FOR THE BROADER COMMUNITY

YOUTH RECREATION INITIATIVE

IN 1997, ST. GABRIEL'S HOSPITAL RECEIVED A CHI MISSION & MINISTRY FUND GRANT TO ENHANCE RECREATION OPPORTUNITIES IN PARTNERSHIP WITH THE LITTLE FALLS AREA SCHOOLS. PRIOR TO 1997, THERE HAD BEEN SUBSTANTIAL CUTS IN A COLLABORATIVE BETWEEN THE CITY OF LITTLE FALLS AND THE LOCAL SCHOOL DISTRICT TO ADDRESS YOUTH RECREATION. THE YOUTH RECREATION INITIATIVE, AS IT IS CALLED, HAS CONTINUED DESPITE THE FACT THAT GRANT FUNDING THROUGH THE MISSION & MINISTRY HAS LONG BEEN DISCONTINUED. THE PROGRAM HAS BEEN SO FAVORABLY RECEIVED IN THE COMMUNITY THAT THE LEADERSHIP OF ST. GABRIEL'S HOSPITAL HAS CHOSEN TO CONTINUE SUPPORTING THE PROGRAM. THAT LEVEL OF SUPPORT TOTALS MORE THAN $47,300 EACH YEAR AND IMPACTS NEARLY 6,500 PEOPLE. EARLY ON IN THE PROGRAM'S HISTORY, THERE WAS A NOTICEABLE DECLINE IN YOUTH DELINQUENCY AS MEASURED BY INTERACTIONS WITH THE JUDICIAL SYSTEM. WE BELIEVED THAT THE DECLINE WAS DUE TO THE INCREASED OPPORTUNITIES CREATED FOR AREA YOUTH. EACH YEAR, THIS PROGRAM RESULTS IN OVER $50,000 IN COMMUNITY BENEFIT AND TOUCHES NEARLY 6,700 PEOPLE.

SUPPORT GROUPS

UFH FACILITIES OFFER A VARIETY OF SUPPORT GROUPS AND SIMILAR ACTIVITIES. SOME OF THESE INCLUDE SUCH ACTIVITIES AS THE PROSTATE CANCER SUPPORT GROUP, EATING DISORDERS SUPPORT GROUP, ADOPTION SUPPORT GROUP, THE ALANON GROUP, THE HOSPICE FAMILY SUPPORT ACTIVITIES AND THE SPECIAL SPIRITUAL SERVICES (EMPTY ARM FOR MISCARRIAGES, HOSPICE MEMORIAL SERVICES, ETC.).

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IN 2009, THE VALUE OF THIS SUPPORT FOR THIS ACTIVITY TOTALED NEARLY $10,000. MOST OF THE GROUPS WERE DEVELOPED IN RESPONSE TO SPECIFIC REQUESTS FROM INDIVIDUALS IN THE COMMUNITY. IN SOME CASES, WE PROVIDED THE GROUP FACILITATORS. IN OTHER CASES, REPRESENTATIVES FROM THE COMMUNITY PROVIDE THAT LEADERSHIP.

HEALTH SCREENINGS

UFH FACILITIES, ESPECIALLY AT ST. GABRIEL'S HOSPITAL AND ALBANY AREA HOSPITAL, OFFER A VARIETY OF FREE HEALTH SCREENINGS. THE TOTAL VALUE OF THIS ACTIVITY WAS OVER $10,480 IN FY 2009, WITH MORE THAN 1,800 PEOPLE RECEIVING THE HEALTH SCREENINGS. THESE INCLUDE SUCH THINGS AS BLOOD PRESSURE CHECKS AT A LOCAL EXTENDED CARE FACILITY (NOT PART OF UFH), HEALTH SCREENINGS AND AS WELL AS FLU SHOTS.

DONATED SPACE

UFH FACILITIES DONATE THE USE OF OUR FACILITIES TO NON-PROFIT ORGANIZATIONS. SOME OF THESE INCLUDE TOPS (TAKE OFF POUNDS SENSIBLY), THE MENTAL HEALTH SUPPORT GROUP, AND OASIS SHARE-A-MEAL TO NAME JUST A FEW. THE TOTAL VALUE OF THE DONATED SPACE IN FISCAL YEAR 2009 WAS $17,899, WITH 732 PEOPLE USING THE FACILITIES.

UFH PARTICIPATION ON COMMUNITY HEALTH INITIATIVES

ONE OF THE LARGER COMMUNITY BENEFIT ACTIVITY THAT UFH SUPPORTS IS THE PARTICIPATION ON COMMUNITY HEALTH INITIATIVES. THIS ACTIVITY ALONE COST MORE THAN $134,442. THIS INVOLVES EVERYTHING FROM THE HEALTHY COMMUNITIES COLLABORATIVE TO THE MORRISON COUNTY EMS BOARD TO THE MORRISON COUNTY MINISTERIAL ASSOCIATION AND THE ELDER NETWORK. THIS

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ACTIVITY IMPACTED 4,500 PEOPLE IN 2009.

SENIOR COMPANION PROGRAM

FINALLY, HEALTHCARE PROVIDERS AND COMMUNITY SERVICE ORGANIZATIONS RECOGNIZE THE BENEFITS PROVIDED THROUGH THE ST. GABRIEL'S HOSPITAL SENIOR COMPANIONS PROGRAM. PATIENTS CONNECT WITH THEIR INDIVIDUAL "COMPANIONS" BEFORE THEY LEAVE THE HOSPITAL. ONCE HOME, THE COMPANIONS CONTINUE TO REGULARLY VISIT WITH THE PATIENTS WHILE THEY CONTINUE THEIR RECOVERY. IN THE PAST FISCAL YEAR 2009, THE PROGRAM SERVED 31 DIFFERENT PEOPLE IN THE COMMUNITY, WITH A TOTAL COMMUNITY BENEFIT OF $3,279.

DONATIONS

IN THE FISCAL YEAR ENDING JUNE 30, 2009, UFH MADE OVER $19,368 IN CASH AND IN-KIND DONATIONS TO SUCH LOCAL ENTITIES AS THE MORRISON COUNTY RELAY FOR LIFE SPONSORED BY THE AMERICAN CANCER SOCIETY, AS WELL AS THE ALBANY SENIOR CENTER, OASIS SHARE-A-MEAL AND TO THE INTERNATIONAL HEALTH SERVICES OF MINNESOTA (MEDICAL SUPPLIES). AN ESTIMATED 1,492 PEOPLE WERE IMPACTED.

SUBSIDIZED HEALTH SERVICES

UFH HAS RECENTLY BECOME INVOLVED IN SUBSIDIZED HEALTH SERVICES. THESE ARE SERVICES THAT ARE OPERATED AT A NEGATIVE MARGIN. AT UFH, THIS INVOLVES TWO PROGRAMS-ONE VERY LARGE (HOME CARE) AND ONE QUITE SMALL (THE DIABETES EDUCATION CENTER). TOGETHER, THEY HAVE GENERATED OVER $500,000 IN COMMUNITY BENEFIT.

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FORM 990, PART VI, Q. 12C:

PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY:

IT IS THE POLICY OF UNITY FAMILY HEALTHCARE ("THE CORPORATION") THAT:

• EACH OF THE CORPORATION'S DIRECTORS AND OFFICERS ACTS AT ALL TIMES IN A MANNER THAT FURTHERS THE CORPORATION'S CHARITABLE PURPOSE OF SERVICE TO THE COMMUNITY AND EXERCISES CARE THAT HE OR SHE DOES NOT ACT IN A MANNER THAT FURTHERS HIS OR HER PRIVATE INTERESTS TO THE DETRIMENT OF THE CORPORATION'S COMMUNITY BENEFIT PURPOSES; AND

• EACH OF THE CORPORATION'S DIRECTORS AND OFFICERS AVOIDS CONFLICTS OF INTEREST AND OTHERWISE FULLY DISCLOSES TO THE CORPORATION ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST IF SUCH CONFLICTS CANNOT BE AVOIDED SO THAT SUCH CONFLICTS ARE DEALT WITH IN THE BEST INTERESTS OF THE CORPORATION.

THIS POLICY: (1) COVERS ALL OFFICERS WHO HOLD THE TITLE VICE PRESIDENT AND ABOVE; (2) APPLIES TO ALL AFFILIATES OF THE CORPORATION; AND (3) IS INTENDED TO SUPPLEMENT, BUT NOT REPLACE, ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO NONPROFIT CORPORATIONS.

"AFFILIATE" INCLUDES ANY ENTITY DIRECTLY OR INDIRECTLY CONTROLLING, CONTROLLED BY, OR UNDER COMMON CONTROL WITH THE CORPORATION WHETHER THROUGH MEMBERSHIP OR STOCK OWNERSHIP.

IF A DIRECTOR OR OFFICER HAS A POTENTIAL OR ACTUAL CONFLICT WITH THE CORPORATION AND/OR ANY OF ITS AFFILIATES, SUCH DIRECTOR OR OFFICER IS DEEMED TO ALSO HAVE A POTENTIAL OR ACTUAL CONFLICT WITH RESPECT TO THE

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CORPORATION AND ALL OF ITS AFFILIATES.

GENERAL OBLIGATION

EACH DIRECTOR MUST PROMPTLY AND FULLY REPORT TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS. IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE CORPORATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER WHO WILL REPORT SUCH DISCLOSURE TO THE BOARD CHAIR. IN ANY SITUATION WHERE A DIRECTOR OR OFFICER IS IN DOUBT, FULL DISCLOSURE SHOULD BE MADE SO AS TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION. A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE.

ANNUAL DISCLOSURE STATEMENT

IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, THE CORPORATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ANNUALLY SEND TO ALL DIRECTORS AND OFFICERS A COPY OF THIS POLICY STATEMENT AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE DIRECTORS AND OFFICERS MUST PROMPTLY COMPLETE, SIGN, AND RETURN THE STATEMENT TO THE CORPORATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE COMPLETED STATEMENTS WILL BE REVIEWED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE BOARD CHAIR.

REVIEW, EVALUATION AND INITIAL DETERMINATION

THE BOARD CHAIR OR DESIGNEE SHALL MAKE SUCH FURTHER INVESTIGATION OF

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CONFLICTS OF INTEREST DISCLOSURES AS HE OR SHE MAY DEEM APPROPRIATE. IF THE CONFLICT INVOLVES THE BOARD CHAIR, THE VICE CHAIR WILL ASSUME THE CHAIR'S ROLE OUTLINED IN THIS POLICY. BASED ON REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR WILL MAKE AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER, PURSUANT TO THIS POLICY STATEMENT, REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD OF DIRECTORS IS REQUIRED. A WRITTEN RECORD OF THE BOARD CHAIR'S DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE MADE. THE BOARD CHAIR SHALL THEN MAKE AN APPROPRIATE REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD CONCERNING SUCH REVIEW, EVALUATION AND DETERMINATION. IF THERE IS A DIFFERENCE OF OPINION BETWEEN THE BOARD CHAIR AND ANOTHER DIRECTOR OR OFFICER AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD OF DIRECTORS REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED WITHIN THIS POLICY STATEMENT, THE MATTER SHALL BE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH SHALL MAKE A FINAL DETERMINATION AS TO THE MATTER PRESENTED. SUCH DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE REFLECTED IN THE COMMITTEE MINUTES AND WILL BE REPORTED TO THE BOARD OF DIRECTORS.

V. BOARD REVIEW

TRANSACTIONAL CONFLICTS OF INTEREST

THE BOARD OF DIRECTORS SHALL CAREFULLY SCRUTINIZE AND MUST IN GOOD FAITH APPROVE OR DISAPPROVE ANY TRANSACTION IN WHICH THE CORPORATION AND/OR ANY OF ITS AFFILIATES IS A PARTY AND IN WHICH ONE OR MORE OF THE

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CORPORATION'S DIRECTORS OR OFFICERS EITHER:

- HAS A MATERIAL FINANCIAL INTEREST; OR
- IS A DIRECTOR OR OFFICER OF THE OTHER PARTY (OTHER THAN THE CORPORATION'S OWN AFFILIATES).

THE BOARD OF DIRECTORS MUST APPROVE THE TRANSACTION BY A MAJORITY OF THE DIRECTORS ON THE BOARD, WITHOUT COUNTING THE VOTE OF ANY DIRECTOR WHO HAS AN INTEREST IN THE TRANSACTION. IN REVIEWING SUCH TRANSACTIONS BETWEEN THE CORPORATION AND VENDORS OR OTHER CONTRACTORS WHO ARE, OR ARE AFFILIATED WITH, DIRECTORS OR OFFICERS, THE BOARD SHALL ACT NO MORE OR LESS FAVORABLY THAN IT WOULD IN REVIEWING TRANSACTIONS WITH UNRELATED THIRD PARTIES. THE TRANSACTION WILL NOT BE APPROVED UNLESS THE BOARD DETERMINES THAT THE TRANSACTION IS FAIR TO THE CORPORATION.

OTHER CONFLICTS OF INTEREST

THE BOARD SHALL CAREFULLY REVIEW AND SCRUTINIZE NON-TRANSACTIONAL CONFLICTS OF INTERESTS (E.G., DISCLOSURE OF NONPUBLIC INFORMATION, COMPETITION WITH THE CORPORATION, FAILURE TO DISCLOSE A CORPORATE OPPORTUNITY, EXCESSIVE GIFTS OR ENTERTAINMENT, ETC.). BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS, THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE UNDER THE CIRCUMSTANCES WITH RESPECT TO THE DIRECTOR OR OFFICER IN ORDER TO BEST PROTECT THE INTERESTS OF THE CORPORATION INCLUDING POSSIBLE DISCIPLINARY OR CORRECTIVE ACTION. THE BOARD SHOULD CONSULT WITH THE GENERAL COUNSEL OF THE CORPORATION WHEN CONSIDERING

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DISCIPLINARY OR CORRECTIVE ACTION.

DISCLOSURE BY INTERESTED DIRECTOR

WHEN CONFLICTS OF INTEREST ARE CONSIDERED BY THE BOARD, THE DIRECTOR OR OFFICER MUST DISCLOSE ALL OF THE MATERIAL FACTS TO THE BOARD. THE DIRECTOR OR OFFICER SHALL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER. HOWEVER, IF REQUESTED, SUCH DIRECTOR OR OFFICER IS NOT PREVENTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM BOARD MEMBERS, AS HIS OR HER KNOWLEDGE MAY BE OF SIGNIFICANT IMPORTANCE. THE DIRECTOR OR OFFICER SHALL BE EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST.

RECORD OF PROCEEDINGS

MINUTES OF THE BOARD OF DIRECTORS SHALL REFLECT THE FOLLOWING: THE INDIVIDUAL MAKING THE DISCLOSURE, THE NATURE OF THE DISCLOSURE, DISCUSSION REGARDING ANY PROPOSED TRANSACTION, THE DECISION MADE BY THE BOARD, AND THAT THE INTERESTED DIRECTOR ABSTAINED FROM VOTING.

IMPLEMENTATION AND INTERPRETATION

QUESTIONS REGARDING THE IMPLEMENTATION AND INTERPRETATION OF THIS POLICY SHALL BE REFERRED TO THE GENERAL COUNSEL OF THE CORPORATION.

VI. POLICY VIOLATIONS

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IF THE BOARD REASONABLY BELIEVES THAT A DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT AS REQUIRED BY THIS POLICY, THE DIRECTOR OR OFFICER WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN SUCH ALLEGED FAILURE TO DISCLOSE. AFTER HEARING THE RESPONSE OF THE DIRECTOR OR OFFICER, THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS MAY BE APPROPRIATE. IF THE BOARD DETERMINES THAT THE DIRECTOR OR OFFICER HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THIS POLICY, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION.

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FORM 990, PART VI, Q. 10:

PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW FORM 990:

THE FORM 990 IS PREPARED BY THE CHI TAX DEPARTMENT. THE VP OF FINANCE WILL REVIEW AND SIGN THE FORM 990. THE FORM 990 WILL BE PRESENTED TO THE NEXT FINANCE AUDIT AND COMPLIANCE COMMITTEE MEETING BY THE VP OF FINANCE.

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FORM 990, PART VI, Q. 19:

GOVERNING DOCUMENTS - COI POLICY - FINANCIAL STATEMENTS AVAILABLE:

THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY AND ORGANIZING DOCUMENTS ARE NOT PUBLICLY AVAILABLE.

UNITY FAMILY HEALTHCARE'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT HTTP://WWW.DACBOND.COM

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FORM 990 PART VI LINE 6:

MEMBERS OR STOCKHOLDERS OF THE CORPORATION:

THE SOLE MEMBER OF THE CORPORATION IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION.

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FORM 990 PART VI LINE 7A:

CORPORATE MEMBER POWERS:

THE SOLE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS.

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FORM 990 PART VI LINE 7B:

APPROVAL OF GOVERNING BODY DECISIONS:

THE ORGANIZATION'S CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI"). PURSUANT TO SECTION 5.5.1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX.

PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:

- SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE UNITY FAMILY HEALTHCARE
- AMENDMENT OF THE CORPORATE DOCUMENTS OF THE UNITY FAMILY HEALTHCARE
- APPROVE MEMBERS OF THE UNITY FAMILY HEALTHCARE BOARD
- REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE UNITY FAMILY HEALTHCARE
- APPROVAL OF ISSUANCE OF DEBT BY UNITY FAMILY HEALTHCARE
- APPROVAL OF PARTICIPATION OF UNITY FAMILY HEALTHCARE IN A JOINT VENTURE
- APPROVAL OF FORMATION OF A NEW CORPORATION BY UNITY FAMILY HEALTHCARE
- APPROVAL OF A MERGER INVOLVING THE UNITY FAMILY HEALTHCARE
- APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE UNITY FAMILY HEALTHCARE
- TO REQUIRE THE TRANSFER OF ASSETS BY THE UNITY FAMILY HEALTHCARE TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS.
- ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR UNITY FAMILY HEALTHCARE

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PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE.

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FORM 990 PART VI LINE 15A:

PROCESS FOR DETERMINING CEO COMPENSATION:

THE ORGANIZATION'S CEO IS COMPENSATED BY CATHOLIC HEALTH INITIATIVES (CHI). THE HAY GROUP HAS SERVED AS THE INDEPENDENT COMPENSATION CONSULTANT TO CHI AND ITS BOARD OF STEWARDSHIP TRUSTEES ("BOST"). HAY REVIEWED ALL MBO CEO COMPENSATION LEVELS WITH THE HR COMMITTEE OF THE CHI BOST IN SEPTEMBER, 2009 AND PROVIDED A REPORT TO THE FULL CHI BOARD AT THEIR DECEMBER MEETING, CONFIRMING THE REASONABLENESS OF MBO CEO TOTAL COMPENSATION AND CHI'S COMPENSATION PHILOSOPHY.

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FORM 990 PART VII:

ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS:

COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES.

Name of the organization: UNITY FAMILY HEALTHCARE

Employer identification number: 41-0721642

FORM 990 PART XI Q2C:

FINANCIAL STATEMENTS COMPILED OR REVIEWED:

THE FORM 990 INSTRUCTIONS REQUIRE THAT AN ORGANIZATION WHOSE FINANCIAL STATEMENTS ARE INCLUDED IN A CONSOLIDATED AUDITED FINANCIAL STATEMENT RESPOND "NO" TO QUESTION 2. THE "NO" RESPONSE IS MISLEADING.

UNITY FAMILY HEALTHCARE'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE SYSTEM PARENT, CATHOLIC HEALTH INITIATIVES.

CATHOLIC HEALTH INITIATIVE'S AUDIT AND FINANCE COMMITTEES ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization	Employer identification number
UNITY FAMILY HEALTHCARE	41-0721642

FORM 990, VI, LINE 1A:

EXECUTIVE COMMITTEE COMPOSITION:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON, VICE CHAIRPERSON, AND THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. EACH INDIVIDUAL APPOINTED SHALL SERVE FOR A TERM OF ONE YEAR. EXCEPT AS PROVIDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. ADDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SHCEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT SUCH ACTIONS TAKEN SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF DIRECTORS OR OF THE CORPORATE MEMBER, WITH THESE BYLAWS, OR WITH APPLICABLE LAWS.

Name of the organization	Employer identification number
UNITY FAMILY HEALTHCARE	41-0721642

FORM 990 PART VI LINE 15B:

PROCESS FOR DETERMINING OFFICER/DIRECTOR COMPENSATION:

IT IS THE POLICY OF UNITY FAMILY HEALTHCARE THAT EACH EXECUTIVE COMPENSATION ARRANGEMENT BETWEEN UNITY FAMILY HEALTHCARE AND ANY PERSON OF SUBSTANTIAL INFLUENCE SHALL BE TARGETED AT THE 65TH PERCENTILE OF TOTAL EXECUTIVE REMUNERATION FOR COMPARABLY SIZED TAX-EXEMPT ORGANIZATIONS IN THE HEALTH CARE INDUSTRY.

EXCEPT AS SET FORTH IN THE FOLLOWING SENTENCE, ALL EXECUTIVE COMPENSATION ARRANGEMENTS WITH ANY PERSON OF SUBSTANTIAL INFLUENCE ARE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, OR AN AUTHORIZED COMMITTEE OF THE BOARD, IN ACCORDANCE WITH THIS POLICY. EXECUTIVE COMPENSATION ARRANGEMENTS WITH ANY PHYSICIAN WHO IS A PERSON OF SUBSTANTIAL INFLUENCE ARE NOT SUBJECT TO THIS POLICY, BUT SHALL BE REVIEWED AND APPROVED IN ACCORDANCE WITH UNITY FAMILY HEALTHCARE'S PHYSICIAN TRANSACTION REVIEW POLICY.

Name of the organization: UNITY FAMILY HEALTHCARE

Employer identification number: 41-0721642

FORM 990, VI, 16A:

JOINT VENTURE POLICY:

UNITY FAMILY HEALTHCARE HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION; (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMATATION OF PROFITS FOR THE PARTNERS; (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION; (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS; AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
SEE SCHEDULE R-1					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

JSA
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Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
SEE SCHEDULE R-1											

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)	X	
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses	X	
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)	X	
r	Other transfer of cash or property from other 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) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	ALVERNA APARTMENTS	L	162,562.
(2)	CATHOLIC HEALTH INITIATIVES	L	7,253,700.
(3)	CATHOLIC HEALTH INITIATIVES	O	678,061.
(4)	CATHOLIC HEALTH INITIATIVES	Q	2,955,224.
(5)	CATHOLIC HEALTH INITIATIVES	C	105,000.
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R, Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No 1545-0047

2008

Open to Public Inspection

Name of filing organization

UNITY FAMILY HEALTHCARE

Employer identification number

41-0721642

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
MEMORIAL HEALTH PARTNERS 62-1784262 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	HOSPICE CAR	TN			N/A
MEMORIAL HOSPITAL AUXILIARY 62-1839548 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	SUPPORT MHC	TN	162,658.	142,597.	MHCSFOUND
PATHWAY HOSPICE, LLC 93-1310235 1050 SW 3RD AVE, SUITE 1600 ONTARIO, OR 97914	HOSPICE CAR	OR	67,355.	1,266,816.	CHI
LINCCARE 47-0697010 8055 O STREET LINCOLN, NE 68510	HOSPICE CAR	NE			ST. EHS
MERCY THERAPEUTIC RADIOLOGY ASSOCIATES L 42-1521367 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	7,138,989.	26,159,105.	CHI-IA COR
PERINATAL CENTER OF IOWA LLC 83-0397103 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	-343,811.	1,342,382.	CHI-IA COR
MERCY NORTH ASC, LLC 20-1703871 1111 6TH AVENUE DES MOINES, IA 50314	AMBULATORY	IA	-10,993.	1,712,012.	CHI-IA COR
MERCY PET SCANNER LLC 42-0680448 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA			CHI-IA COR

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ST. JOSEPH COMMUNITY HEALTH SERVICES 71-0897107 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11A	CHI
ST. JOSEPH COMMUNITY HEALTH FOUNDATION 85-0253087 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	FOUNDATION	NM	501(C)(3)	7	SJCHS
ST. JOSEPH HEALTHCARE SYSTEM 85-0201285 500 COPPER NW, SUITE 102 ALBUQUERQUE, NM 87102	HEALTHCARE	NM	501(C)(3)	11A	CHI
ST. ELIZABETH HEALTH SERVICES, INC. 93-0412495 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HOSPITAL	OR	501(C)(3)	3	CHI
ST. ELIZABETH HEALTH CARE FOUNDATION 94-3164869 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	FOUNDATION	OR	501(C)(3)	7	SEHS
FLAGET MEMORIAL HOSPITAL FOUNDATION, INC 56-2351341 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	FUNDRAISING	KY	501(C)(3)	11A	FH
FLAGET HEALTHCARE, D/B/A FLAGET MEMORIAL 61-1345363 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	HOSPITAL	KY	501(C)(3)	3	CHI
LAKEWOOD HEALTH CENTER 41-0758434 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	LTERM CARE	MN	501(C)(3)	3	CHI
APPLETREE COURT 41-1850500 601 OAK STREET BRECKENRIDGE, MN 56520	SENIOR HOMES	MN	501(C)(3)	9	SFH
HEALTHCARE AND WELLNESS FOUNDATION 76-0761782 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	FOUNDATION	MN	501(C)(3)	11A	SFMC
ST. FRANCIS HOME 41-0729978 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI
ST. FRANCIS MEDICAL CENTER 41-0695598 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI
CARRINGTON HEALTH CENTER 45-0227311 800 NORTH 4TH STREET CARRINGTON, ND 58421	HEALTHCARE	ND	501(C)(3)	3	CHI
SAINT CLARE'S COMMUNITY CARE 22-2876836 66 FORD ROAD DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11B	SCHS
SAINT CLARE'S FOUNDATION, INC. 22-2502997 66 FORD ROAD DENVILLE, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GOOD SAMARITAN COLLEGE OF NURSING & HEAL 31-1778403 375 DIXMYTH AVE CINCINNATI, OH 45220	EDUCATION	KY	501(C)(3)	2	GHS
TOTAL HEALTHCARE 84-0927232 P.O. BOX 7021 COLORADO SPRINGS, CO 80933	HEALTHCARE	CO	501(C)(3)	3	CHI COLORAD
MEMORIAL HEALTH CARE SYSTEM, INC. 62-0532345 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	HOSPITAL	TN	501(C)(3)	3	CHI
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 62-1839548 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	FOUNDATION	TN	501(C)(3)	7	MHCS
MEMORIAL HEALTH PARTNERS FOUNDATION, INC 03-0417049 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	HEALTHCARE	TN	501(C)(3)	9	MHCS
THE COMMUNITY LIMITED CARE DIALYSIS CENT 23-7419853 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	DIALYSIS	OH	501(C)(2)	NONE	GSH
GOOD SAMARITAN FOUNDATION OF CINCINNATI, 31-1206047 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	FOUNDATION	OH	501(C)(3)	11A	GSH
THE GOOD SAMARITAN HOSPITAL OF CINCINNAT 31-0537486 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	HOSPITAL	OH	501(C)(3)	3	TRI-HEALTH
SAINT CLARE'S HOSPITAL 22-3319886 66 FORD ROAD DENVILLE, NJ 07834	HOSPITAL	NJ	501(C)(3)	3	CHI
ST. FRANCIS LIFE CARE CORPORATION 22-2536017 19 POCONO ROAD DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS
UNIVERSAL HEALTH CORPORATION 31-1074519 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	PHYSICIANS	OH	501(C)(3)	11A	GSH
CATHOLIC HEALTH INITIATIVES COLORADO FOU 84-0902211 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903	FOUNDATION	CO	501(C)(3)	7	CHI COLORAD
S.E.T. OF COLORADO SPRINGS, INC. 84-1183335 825 E. PIKES PEAK AVENUE, BLDG COLORADO SPRINGS, CO 80903	LTERM CARE	CO	501(C)(3)	7	CHI COLORAD
CATHOLIC HEALTH INITIATIVES 47-0617373 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	HEALTHCARE	CO	501(C)(3)	9	CHI
CATHOLIC HEALTH CARE FEDERATION 20-8473567 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	JURDIC PERSO	CO	501(C)(3)	11A	CHI

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GLOBAL HEALTH INITIATIVES 20-1536108 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	MINISTRIES	CO	501(C)(3)	11A	CHI
HEALTH S.E.T. 84-1102943 4200 WEST CONEJOS PLACE, #436 DENVER, CO 80204	LOW INC.CARE	CO	501(C)(3)	7	CHI COLORAD
BISHOP DRUMM RETIREMENT CENTER 42-0725196 1111 6TH AVENUE DES MOINES, IA 50314	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP
MERCY MEDICAL CENTER - DES MOINES A/K/A 42-0680448 1111 6TH AVENUE DES MOINES, IA 50314	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP
HOUSE OF MERCY 42-1323808 1111 6TH AVENUE DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP
MERCY AUXILIARY OF CENTRAL IOWA 42-6076069 1111 6TH AVENUE DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	11A	CHI-IA CORP
MERCY CLINICS, INC. 42-1193699 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP
MERCY COLLEGE OF HEALTH SCIENCES 42-1511682 1111 6TH AVENUE DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP
MERCY FOUNDATION OF DES MOINES, IA 23-7358794 1111 6TH AVENUE DES MOINES, IA 50314	FOUNDATION	IA	501(C)(3)	7	CHI-IA CORP
MERCY MEDICAL CENTER - CENTERVILLE F/K/A 42-0680308 1 ST. JOSEPH'S DRIVE CENTERVILLE, IA 52544	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP
MERCY PROFESSIONAL PRACTICE ASSOCIATES, 42-1470935 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP
MERCY HOSPITAL OF DEVILS LAKE 45-0227012 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI
ST. JOSEPH'S LIFECARE FOUNDATION 36-3418207 30 WEST 7TH STREET DICKINSON, ND 58601	FOUNDATION	ND	501(C)(3)	11A	SJHHC
ST. JOSEPH'S HOSPITAL AND HEALTH CENTER 45-0226429 30 WEST 7TH STREET DICKINSON, ND 58601	HEALTHCARE	ND	501(C)(3)	3	CHI
MERCY REGIONAL MEDICAL CENTER OF DURANGO 84-0405515 1010 THREE SPRINGS BLVD DURANGO, CO 81301	HOSPITAL	CO	501(C)(3)	3	CHI

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CHI KENTUCKY, INC 20-2741651 3900 OLYMPIC BLVD., SUITE 400 ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	11A	CHI
VILLA NAZARETH, INC. 45-0226714 801 PAGE DRIVE FARGO, ND 58103	LT CARE	ND	501(C)(3)	9	CHI
ST. CATHERINE HOSPITAL 48-0543721 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	HOSPITAL	KS	501(C)(3)	3	CHI
ST. CATHERINE HOSPITAL DEVELOPMENT FOUND 20-0598702 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	FOUNDATION	KS	501(C)(3)	11A	SCH
SAINT FRANCIS MEDICAL CENTER FOUNDATION 47-0630267 P.O. BOX 9804 GRAND ISLAND, NE 68802	FOUNDATION	NE	501(C)(3)	7	SFMC
SAINT FRANCIS MEDICAL CENTER 47-0376601 P.O. BOX 9804 GRAND ISLAND, NE 68802	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
CENTRAL KANSAS MEDICAL CENTER 48-0543724 3515 BROADWAY GREAT BEND, KS 67530	HOSPITAL	KS	501(C)(3)	3	CHI
CENTRAL KANSAS MEDICAL CENTER FOUNDATION 48-6120330 3515 BROADWAY GREAT BEND, KS 67530	FUNDRAISING	KS	501(C)(3)	11C	N/A
ST. JOSEPH MEMORIAL HOSPITAL 48-1253246 923 CARROLL AVE LARNED, KS 67550	HOSPITAL	KS	501(C)(3)	3	CKMC
MNMCH, INC. 48-1216238 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725	HOSPITAL	KS	501(C)(3)	3	SJRMC
MERCY LIFECARE SYSTEMS 43-1305163 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PROPERTY MGM	MO	501(C)(3)	11A	SJRMC
ST. JOHN'S MEDICAL GROUP 43-1882377 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PHYS PRACTIC	MO	501(C)(3)	9	SJRMC
ST. JOHN'S MERCY REGIONAL FOUNDATION 43-1308084 2727 MCCLELLAND BLVD JOPLIN, MO 64804	FOUNDATION	MO	501(C)(3)	7	SJRMC
ST. JOHN'S REGIONAL MEDICAL CENTER 44-0545809 2727 MCCLELLAND BLVD JOPLIN, MO 64804	HOSPITAL	MO	501(C)(3)	3	CHI
GOOD SAMARITAN HEALTH SYSTEMS, INC. 47-0659441 P.O. BOX 1990 KEARNEY, NE 68848	COMMUNITY	NE	501(C)(3)	11A	CHI NEBRASK

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GOOD SAMARITAN HOSPITAL 47-0379755 P.O. BOX 1990 KEARNEY, NE 68848	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
GOOD SAMARITAN HOSPITAL FOUNDATION 47-0659443 P.O. BOX 1810 KEARNEY, NE 68848	FOUNDATION	NE	501(C)(3)	7	GSH
BACHMANN REALTY CORPORATION 23-3019013 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	REAL ESTATE	DE	501(C)(3)	11A	SJHM
ST JOSEPH HEALTH MINISTRIES 23-2342997 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	HEALTH	PA	501(C)(3)	11A	SJHM
ST JOSEPH HEALTH MINISTRIES FOUNDATION 23-2605579 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	FUNDRAISING	PA	501(C)(3)	11A	SJHM
ST. JOSEPH HEALTH SERVICES, INC. 20-1425375 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	DENTAL CARE	PA	501(C)(3)	11A	SJHM
CONTINUING CARE HOSPITAL 61-1400619 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509	LTACH	KY	501(C)(3)	3	SJHS
SAINT JOSEPH BEREA HOSPITAL FOUNDATION, 26-0152877 305 ESTILL STREET BEREA, KY 40403	FOUNDATION	KY	501(C)(3)	7	SJHS
SAINT JOSEPH HEALTH SYSTEM, INC. 61-1334601 150 N. EAGLE CREEK DR. LEXINGTON, KY 40509	HOSPITAL	KY	501(C)(3)	3	CHI
ST. JOSEPH HOSPITAL FOUNDATION, INC. 61-1159649 ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504	FOUNDATION	KY	501(C)(3)	11A	SJHS
SAINT JOSEPH MEDICAL FOUNDATION, INC. 31-1539059 ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504	PHY PRACTICE	KY	501(C)(3)	3	SJHS
VISITING NURSE ASSOCIATION OF SAINT CLAR 22-1768334 191 WOODPORT ROAD SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	9	SCHS
SAINT ELIZABETH FOUNDATION 47-0625523 555 SOUTH 70TH STREET LINCOLN, NE 68510	FOUNDATION	NE	501(C)(3)	7	SERMC
SAINT ELIZABETH HEALTH SERVICES 36-3233120 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC
SAINT ELIZABETH HEALTH SYSTEMS 36-3233121 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11A	CHI

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SAINT ELIZABETH REGIONAL MEDICAL CENTER 47-0379836 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
THE PHYSICIAN NETWORK 47-0780857 8055 O STREET, SUITE 300 LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11A	CHI NEBRASK
LISBON AREA HEALTH SERVICES 82-0558836 905 MAIN STREET LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI
ALVERNA APARTMENTS 41-1351177 300 SE 8TH AVENUE LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	9	CHI
UNITY FAMILY HEALTHCARE 41-0721642 815 2ND STREET SE LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI
ST. ANTHONY'S HOSPITAL ASSOCIATION 71-0245507 4 HOSPITAL DRIVE MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC
ST. VINCENT INFIRMARY MEDICAL CENTER 71-0236917 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	CHI
ST. VINCENT MEDICAL GROUP 71-0830696 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC
MARIA-JOSEPH CENTER 31-0935118 4830 SALEM AVENUE DAYTON, OH 45416	HEALTHCARE	OH	501(C)(3)	9	SHP
MARYMOUNT MEDICAL CENTER FOUNDATION 26-0438748 310 EAST NINTH STREET LONDON, KY 40741	FOUNDATION	KY	501(C)(3)	11A	SJHS
SAMARITAN BEHAVIORAL HEALTH 02-0633634 601 S. EDWIN C. MOSES BLVD. DAYTON, OH 45408	HOSPITAL	OH	501(C)(3)	3	SHP
MERCY MEDICAL CENTER 82-0200896 1512 12TH AVENUE ROAD NAMPA, ID 83686	HOSPITAL	ID	501(C)(3)	3	CHI
MERCY MEDICAL CENTER FOUNDATION 26-1737256 1512 12TH AVENUE ROAD NAMPA, ID 83686	FOUNDATION	ID	501(C)(3)	11A	MERCY MED C
MERCY PHYSICIAN GROUP, INC. 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	PHYS GROUP	ID	501(C)(3)	9	MERCY MED C
ST. MARY'S HOSPITAL 47-0443636 1314 3RD AVENUE NEBRASKA CITY, NE 68410	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASK

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ST. MARY'S HOSPITAL FOUNDATION 47-0707604 1314 3RD AVENUE NEBRASKA CITY, NE 68410	FOUNDATION	NE	501(C)(3)	7	SMH
OAKES COMMUNITY HOSPITAL 45-0231675 314 SOUTH 8TH STREET OAKES, ND 58474	HOSPITAL	ND	501(C)(3)	3	CHI
OAKES COMMUNITY HOSPITAL FOUNDATION 71-0966606 314 SOUTH 8TH STREET OAKES, ND 58474	FOUNDATION	ND	501(C)(3)	11A	OCH
HOLY ROSARY MEDICAL CENTER DBA: THE DOMI 93-0433692 351 S.W. 9TH STREET ONTARIO, OR 97914	HOSPITAL	OR	501(C)(3)	3	CHI
HOLY ROSARY MEDICAL CENTER FOUNDATION 20-2683560 351 SW 9TH STREET ONTARIO, OR 97914	FOUNDATION	OR	501(C)(3)	11A	HRMC
ST. JOSEPH'S AREA HEALTH SERVICES 41-0695603 600 PLEASANT AVENUE PARK RAPIDS, MN 56470	HOSPITAL	MN	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL 93-0391614 1601 S.E. COURT AVENUE PENDLETON, OR 97801	HOSPITAL	OR	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL FOUNDATION 93-0992727 1601 S.E. COURT AVENUE PENDLETON, OR 97801	FOUNDATION	OR	501(C)(3)	11A	SA HOSPITAL
GETTYSBURG MEDICAL CENTER 46-0234354 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442	HOSPITAL	SD	501(C)(3)	3	SMHC
ST. MARY'S HEALTHCARE CENTER 46-0230199 801 EAST SIOUX AVENUE PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI
MT. ST. JOSEPH, INC. 93-0386870 3060 SE STARK STREET PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI
PUEBLO STEPUP 84-1234295 1925 EAST ORMAN AVENUE, SUITE PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHI
BORNEMANN HEALTHCARE CORPORATION 23-2187242 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	11A	CHI
ST. JOSEPH MEDICAL CENTER FOUNDATION 23-2649362 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	FOUNDATION	PA	501(C)(3)	11A	SJRHN
ST. JOSEPH MEDICAL GROUP 20-8544021 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	9	BHC

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ST. JOSEPH REGIONAL HEALTH NETWORK 23-1352211 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	3	CHI
LINUS OAKES, INC. 93-0821381 2700 STEWART PARKWAY ROSEBURG, OR 97470	SENIOR LIVIN	OR	501(C)(3)	9	MMC
MERCY FOUNDATION, INC. 93-6088946 2700 STEWART PARKWAY ROSEBURG, OR 97470	FOUNDATION	OR	501(C)(3)	7	MMC
MERCY MEDICAL CENTER 93-0386868 2700 STEWART PARKWAY ROSEBURG, OR 97470	HOSPITAL	OR	501(C)(3)	3	CHI
FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC 39-1093829 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	9	CHI
ENUMCLAW COMMUNITY HOSPITAL 91-0715805 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022	HOSPITAL	WA	501(C)(3)	3	FHS
FRANCISCAN FOUNDATION 91-1145592 1717 SOUTH J STREET TACOMA, WA 98405	FUNDRAISING	WA	501(C)(3)	9	FHS
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN 91-0564491 1717 SOUTH J STREET TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	3	CHI
FRANCISCAN MEDICAL GROUP 91-1939739 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	9	FHS
ST. JOSEPH MEDICAL CENTER FOUNDATION, IN 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	7	SJMC
ST. JOSEPH MEDICAL CENTER, INC. 52-0591461 7601 OSLER DRIVE TOWSON, MD 21204	HOSPITAL	MD	501(C)(3)	3	CHI
ST. JOSEPH PHYSICIAN ENTERPRISES 52-1311775 7601 OSLER DRIVE TOWSON, MD 21204	PHYSICIANS	MD	501(C)(3)	11A	CHI
SAMARITAN HEALTH FOUNDATION 23-7296923 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	FOUNDATION	OH	501(C)(3)	7	SHP
MERCY HOSPITAL OF VALLEY CITY 45-0226553 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072	HOSPITAL	ND	501(C)(3)	3	CHI
MERCY MEDICAL CENTER 45-0231183 1301 15TH AVENUE WEST WILLISTON, ND 58801	HEALTHCARE	ND	501(C)(3)	3	CHI

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MERCY MEDICAL FOUNDATION 45-0381803 1301 15TH AVENUE WEST WILLISTON, ND 58801	FOUNDATION	ND	501(C)(3)	11A	MMC
SAMARITAN HEALTH PARTNERS 31-1107411 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HEALTHCARE	OH	501(C)(3)	11A	CHI
ST. VINCENT FOUNDATION 51-0169537 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	FUNDRAISING	AR	501(C)(3)	11A	SVIMC
AUXILIARY OF HOLY ROSARY HOSPITAL INC. 94-3059469 351 SW 9TH STREET ONTARIO, OR 97914	HOSPITAL	OR	501(C)(3)	9	HRMC
THE MERCY HOSPITAL OF DEVILS LAKE FDN 35-2367360 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	FOUNDATION	ND	501(C)(3)	11A	MHDL
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 47-0484764 7500 MERCY ROAD OMAHA, NE 68124	HOSPITAL	NE	501(C)(3)	3	CHI
ALEGENT HEALTH - MERCY HOSPITAL, CORNING 42-0782518 P.O. BOX 368 CORNING, IA 50841	HOSPITAL	IA	501(C)(3)	3	AHBMHS
MERCY HEALTH CARE FOUNDATION 42-1461064 P.O. BOX 368 CORNING, IA 50841	FOUNDATION	NE	501(C)(3)	11A	AHMH
MERCY HOSPITAL FOUNDATION, COUNCIL BLUFF 42-1178204 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503	FOUNDATION	IA	501(C)(3)	11A	N/A

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner? Yes	(J) No
SUPERIOR MEDICAL IMAGING, LLC 5000 NORTH 26TH STREET	OP DIAGNOSTICS	NE	SERMC	RELATED		2,091,929.		X			X
CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE	PHYSICAL THERAPY	NE	CHI	RELATED	15,827,712.	4,183,006.		X			X
MERCY WEST ENDOSCOPY LLC 90-01 1601 NW 114TH ST, SUITE 244	AMBULATORY SURG	IA	CHI-IA CORP	RELATED	1,690,849.	2,016,353.		X			X
AUDUBON LAND COMPANY LLC 84-15 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED		9,259,533.		X			X
BRECKENRIDGE MEDICAL CLINIC LL 555 SOUTH PARK AVENUE PLAZA 11	MEDICAL CLINIC	CO	THC	RELATED				X			X
PENRAD IMAGING 84-1072619 1390 KELLY JOHNSON BLVD	MEDICAL IMAGING	CO	THC	RELATED	314,771.	9,836,292.		X			X
ST ANTHONY REGIONAL MTN CANCER 4231 W 16TH AVENUE	CANCER CENTER	CO	THC	RELATED	-242,741.	546,966.		X			X
ST FRANCIS LAND COMPANY 26-313 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	-66,738.	15,439,923.		X			X
ORTHOCOLORADO, LLC 37-1577105 11650 WEST 2ND PLACE	ORTHO HOSPITAL	CO	THC	RELATED		2,821,680.		X			X
MERCY OUTPATIENT SURGERY CENTE 1512 12TH AVENUE ROAD	SURGERY CENTER	ID	MMC	RELATED	-484,585.	1,129,360.		X		X	
PENINSULA RADIATION ONCOLOGY 8 314 MARTIN LUTHER KING JR. WAY	HEALTHCARE SRVC	WA	FHS	RELATED	282,899.	2,387,702.		X			X
HEALTHCARE SUPPORT SERVICES, L P.O. BOX 9804	LAUNDRY	NE	CHI	RELATED	73,817.	3,912,695.		X	-88,608.		X
BLUEGRASS REGIONAL IMAGING CEN 1218 SOUTH BROADWAY, SUITE 310	DIAGNOSTIC	KY	SJ HOSPITAL,LEX	RELATED	260,714.	4,317,057.		X			X
AMBULATORY SURGERY CNTR RSBG L 2750 W HARVARD	DAY SURGERY	OR	MERCY MEDICAL	RELATED	190,224.	2,092,370.		X		X	
NORTH RIVER SURGERY CENTER, LL 2209 WILDWOOD AVENUE	AMBUL SURG CTR	AR	SVIMC	RELATED	-42,795.	1,650,592.		X			X
CHI OPERATING INVESTMENT PROGR 9780 MT. PYRAMID COURT, 3RD FL	INVESTMENTS	CO	CHI	INVESTMENT	58,022.	4,069,968.		X		X	

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
MERCY HEALTH SERVICES CORPOR 43-1457881 2727 MCCLELLAND BLVD JOPLIN, MO 64804	DME	MO	ST JOHN'S RMC	C CORP	-17,953.	2,093,683.	100.0000
MOUNTAIN MANAGEMENT SERVICES 62-1570739 6028D SHALLOWFORD ROAD CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	MHCS	C CORP	383,380.	11,783,040.	100.0000
MEDQUEST 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	MHOF WILLISTON	C CORP	38,645.	921,119.	100.0000
ST ANTHONY DEVELOPMENT COMPA 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	ST ANTHONY H	C CORP	17,998.	3,142,823.	100.0000
HEALTHCARE MANAGEMENT, INC 47-0662703 555 SOUTH 70TH STREET LINCOLN, NE 68510	BILLING SERVICES	NE	N/A	C CORP			
GOOD SAMARITAN OUTREACH SERV 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	GSHS	C CORP			100.0000
HEALTH SYSTEMS ENTERPRISES, 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	GSHS	C CORP	17,676.	1,769,891.	100.0000
MERCY PARK APARTMENTS, LTD 42-1202422 1111 6TH AVENUE DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORP	23,229.	1,878,898.	100.0000
DES MOINES MEDICAL CENTER IN 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORP	-56,189.	1,093,386.	91.1300
COMCARE SERVICES 84-0904813 4231 W 16TH AVENUE DENVER, CO 80204	INACTIVE	CO	CHIC	C CORP			100.0000
MEDNOW, INC. 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPAT PHARMACY	ID	MERCY MED CTR	C CORP	4,534,408.	5,348,476.	100.0000
SAINT CLARE'S PRIMARY CARE, 22-2441202 66 FORD ROAD DENVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORP	-483,820.	2,590,487.	100.0000
HEALTHCARE MGMT. SERVICES OR 91-1865474 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
PHYSICIAN HEALTH SYSTEM NETW 91-1746721 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
SAINT CLARE'S HEALTH CARE SO 20-4969477 66 FORD ROAD DENVILLE, NJ 07834	NURSING	NJ	SCHCS	C CORP	-81,617.		100.0000
MERCY SERVICES CORP 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97470	RETAIL SALES	OR	MERCY MEDICAL	C CORP	-276,939.	1,649,984.	100.0000
CADUCEUS MEDICAL ASSOCIATES, 62-1570736 6028 SHALLOWFORD ROAD, SUITE D CHATTANOOGA, TN 37422	HEALTHCARE	TN	MHCS	C CORP		1,008.	100.0000
CENTRAL KANSAS HEALTH SERVIC 48-1042853 3515 BROADWAY GREAT BEND, KS 67530	MEDICAL EQUIPMENT	KS	CKMC	C CORP	100.	-309,321.	100.0000

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

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ST VINCENT COMMUNITY HEALTH 71-0710785 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORP	1,018,000.	10,399,000.	100.0000
ALTERNATIVE INSURANCE MANAGE 84-1112049 3900 OLYMPIC BOULEVARD, SUITE 400 ERLANGER, KY 41018	MANAGEMENT SERVIC	CO	N/A	C CORP		4,445,439.	100.0000
NAZARETH ASSURANCE COMPANY 03-0304831 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	CHI	C CORP	262.	5,695.	100.0000
FRANCISCAN SERVICES, INC. 23-2487967 9780 MT. PYRAMID CT. ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORP	-252,887.	7,815,631.	100.0000
SJH SERVICES CORPORATION 23-2307408 9780 MT. PYRAMID CT. ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORP	106,864.	3,481,247.	100.0000
ST. JOSEPH DEVELOPMENT COMPA 91-1480569 1717 SOUTH J STREET TACOMA, WA 98405	RENTAL	WA	FSI	C CORP	1,153,946.	11,984,725.	100.0000
TOWSON MANAGEMENT, INC. 52-1710750 7601 OSLER DRIVE TOWSON, MD 21204	MANAGEMENT SERVIC	MD	FSI	C CORP	74,937.	474,456.	100.0000

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

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HAMMES COMPANY 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045	MASTER FACILITY PLAN	2,351,579.
CENTRAL MINNESOTA DIAGNOSTIC 150 10TH ST NW PO BOX 158 MILACA, MN 56353	RADIOLOGY SERVICES	1,694,235.
EMERGENCY PRACTICE ASSOCIATION PO BOX 1260 WATERLOO, IA 50704	EMERGENCY ROOM DRS.	1,051,403.
FAMILY MEDICAL CENTER 811 2ND ST SE LITTLE FALLS, MN 56345	PHYSICIAN SERVICES	461,568.
LITTLE FALLS ANESTHESIA STE 130 808 3RD ST LITTLE FALLS, MN 56345	ANESTHESIA SERVICES	337,181.
	TOTAL COMPENSATION	5,895,966.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
	4,035.
TOTAL	4,035.