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Form **990**Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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)

OMB No. 1545-0047

2009Open to Public
Inspection

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

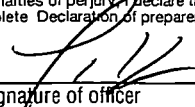
A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **DEC 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization UNITY HEALTHCARE Doing Business As TRINITY MUSCATINE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1518 MULBERRY AVENUE City or town, state or country, and ZIP + 4 MUSCATINE, IA 52761	D Employer identification number 42-0680337 E Telephone number 309-779-5000 G Gross receipts \$ 23,865,710. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: THOMAS TIBBITTS SAME AS C ABOVE		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.TRINITYMUSCATINE.COM K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1941 M State of legal domicile: IA	

Part I Summary

1	Briefly describe the organization's mission or most significant activities PROVIDE HEALTH RELATED SERVICES TO THE COMMUNITY.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	551
6	Total number of volunteers (estimate if necessary)	6	220
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	959,647.	548,311.
9	Program service revenue (Part VIII, line 2g)	46,066,110.	23,121,899.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125,500.	6,215.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	644,199.	189,285.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,795,456.	23,865,710.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,776,630.	14,172,113.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	23,630,544.	10,796,660.
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	51,407,174.	24,968,773.
19	Revenue less expenses - Subtract line 18 from line 12	<3,611,718.>	<1,103,063.>
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,720,746.	25,369,923.
21	Total liabilities (Part X, line 26)	23,820,402.	25,329,339.
22	Net assets or fund balances. Subtract line 21 from line 20	10,900,344.	40,584.

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  GREG PAGLIUZZA JR., INTERIM CFO Type or print name and title	Date 10-27-09	
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Date Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶

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

☐ Yes ☐ No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

UNITY HEALTHCARE DELIVERS CARING, ACCESSIBLE, HIGH QUALITY AND COST
EFFECTIVE HEALTH AND WELLNESS SERVICES TO ALL WE SERVE, MAINTAINING
HIGH ETHICAL STANDARDS AND HONORING PATIENT RIGHTS.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 22,366,457. including grants of \$ 0.) (Revenue \$ 23,121,899.)
HEALTH-CARE SERVICES

UNITY HEALTHCARE IS AN IMPORTANT ELEMENT OF THE HEALTH-CARE DELIVERY
SYSTEM THAT MUSCATINE AND SURROUNDING COMMUNITIES RELY ON EVERY DAY.
IT IS COMMITTED TO PROVIDING QUALITY HEALTH-CARE AND TO USING ITS
RESOURCES TO THE GREATEST COMMUNITY BENEFIT.

UNITY HEALTHCARE PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES TO
TREAT INDIVIDUALS WITH DISEASES, ILLNESS AND INJURIES WITH VARYING
COMPLEXITIES. IT PROVIDES SERVICES TO IMPROVE THE HEALTH OF PATIENTS
AND TO BETTER THEIR QUALITY OF LIFE. ALL SERVICES ARE PROVIDED
REGARDLESS OF AN INDIVIDUAL'S RACE CREED, SEX, NATIONALITY, HANDICAP

4b (Code) (Expenses \$ 1,189,510. including grants of \$ 0.) (Revenue \$ 0.)
CHARITY CARE, MEANS-TESTED PROGRAMS AND OTHER COMMUNITY BENEFITS

CHARITY CARE AND MEANS-TESTED PROGRAMS: UNITY HEALTHCARE PROVIDES
CHARITY CARE AND OTHER MEANS-TESTED PROGRAMS WITH THE GOAL TO IMPROVE
THE COMMUNITY'S OVERALL HEALTH AND ACCESS TO CARE. THIS INCLUDES
HEALTH-CARE SERVICES REGARDLESS OF THE PATIENT'S INSURANCE COVERAGE OR
FINANCIAL STATUS. CHARITY CARE AND PARTIAL TO FULL FINANCIAL
ASSISTANCE IS PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS. CHARITY
CARE WAS MADE AVAILABLE TO 1,865 PEOPLE AT A COST OF \$656,617 FOR THE
SIX MONTHS ENDING DECEMBER 31, 2009. OFTENTIMES, UNITY HEALTHCARE
RECEIVES PAYMENTS FROM PAYORS OR PATIENTS THAT ARE LESS THAN IT CHARGES
FOR SERVICES. UNITY HEALTHCARE PARTICIPATES IN MEDICAID, MEDICARE AND

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 \$ 23,555,967.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

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Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

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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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

	Yes	No
1a Enter the number of voting members of the governing body	14	
b Enter the number of voting members that are independent	6	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

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

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 **▶**
ANGELA GABRIEL, VICE PRESIDENT OF FINANCE - 563-264-9260
1518 MULBERRY AVENUE, MUSCATINE, IA 52761

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 current officer, director, or trustee

(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			
BOB BARRETT BOARD MEMBER	1.00	X						0.	0.	0.
JOHN BECKEY BOARD CHAIR	1.00	X		X				0.	0.	0.
FRANK CLARK (FR 7/09) BOARD MEMBER	1.00	X						0.	0.	0.
ANDREA COLEMAN (TO 11/09) BOARD MEMBER/CEO	40.00	X		X				0.	446,020.	56,863.
SUSAN COLEMAN, MD BOARD MEMBER	1.00	X						282,672.	0.	12,867.
DOUGLAS DAWSON, MD BOARD MEMBER	1.00	X						380,031.	0.	1,296.
JERALD DITTMER BOARD MEMBER	1.00	X						0.	0.	0.
COLETTE HOSTETLER, MD BOARD MEMBER	1.00	X						177,581.	0.	23,500.
JAY LOGEL BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
PETER MCLAUGHLIN (FR 7/09) BOARD MEMBER	1.00	X						0.	10,250.	0.
HOLLY OPPELT BOARD SECRETARY	1.00	X		X				0.	0.	0.
JANET SICHTERMAN BOARD MEMBER	1.00	X						0.	0.	0.
TOM TIBBITTS (FR 11/09) BOARD/INTERIM CEO	40.00	X		X				0.	524,732.	494,663.
CHARLES VESEY BOARD TREASURER	1.00	X		X				0.	0.	0.
DAVID WETTACH, MD BOARD MEMBER	1.00	X						116,265.	0.	23,200.
GREG PAGLIUZZA JR INTERIM CFO (FR 5/09)	40.00			X				0.	169,425.	0.
JAMES HAYES PRESIDENT	40.00			X				0.	134,215.	21,551.

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			
MATTHEW SOJKA, MD VP, MEDICAL AFFAIRS	40.00			X				437,839.	0.	22,000.
JEFFREY STOLZE CORP VP	40.00				X			0.	234,236.	84,100.
THOMAS HELMSWORTH, MD SURGEON	40.00					X		294,838.	0.	2,215.
PRASAD NADKARNI, MD SURGEON	40.00					X		325,588.	0.	24,383.
ERIC SCHMIEG, DO PHYSICIAN	40.00					X		225,512.	0.	21,480.
HEIDI STURTEVANT, MD PHYSICIAN	40.00					X		325,352.	0.	19,214.
ROBERT WEIS, MD PHYSICIAN	40.00					X		218,231.	0.	19,767.
1b Total								2,783,909.	1,518,878.	827,099.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **33**

	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
EMERGENCY PRACTICE ASSOCIATES PO BOX 1260, WATERLOO, IA 50704	CONTRACTED ER PHYSICIANS	1,154,783.
ICE TECHNOLOGIES INC 1417 WASHINGTON ST, PELLA, IA 50219	CONTRACTED SERVICES IT	1,106,670.
RIVERBEND ANESTHESIA INC 1710 COBBLESTONE DR, MUSCATINE, IA 52761	ANESTHESIA/CRNA SERVICES	1,000,004.
WELAND CLINICAL LABORATORY PO BOX 1924, CEDAR RAPIDS, IA 52406-1924	PATHOLOGIST/LAB SERVICES	668,204.
HEALTH ENTERPRISES 4250 GLASS ROAD NE, CEDAR RAPIDS, IA 52402	MRI SERVICES	465,209.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

Part VIII Statement of Revenue

				(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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,259.			
	e	Government grants (contributions)	1e	489,522.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	57,530.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		548,311.			
Program Service Revenue	2 a	NET PATIENT REVENUE	Business Code 900099	21426792.	21426792.		
	b	COMMUNITY HEALTH, EDUC	900099	1,306,503.	1,306,503.		
	c	MISCELLANEOUS REVENUE	900099	358,313.	358,313.		
	d	RENTAL INCOME	531120	30,291.	30,291.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		23121899.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,245.			6,245.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal 4,500.				
	b	Less rental expenses					
	c	Rental income or (loss)	4,500.				
	d	Net rental income or (loss)		4,500.			4,500.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 585,000.				
	b	Less. cost or other basis and sales expenses	585,030.				
	c	Gain or (loss)	<30.>				
	d	Net gain or (loss)		<30.>			<30.>
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	CAFETERIA AND FOOD SER	722210	184,785.			184,785.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		184,785.				
12	Total revenue. See instructions.		23865710.	23121899.		0.	195,500.

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	307,803.		307,803.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,858,705.	11,565,453.	293,252.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	491,958.	479,792.	12,166.	
9 Other employee benefits	823,191.	802,834.	20,357.	
10 Payroll taxes	690,456.	673,382.	17,074.	
11 Fees for services (non-employees)				
a Management				
b Legal	30,826.		30,826.	
c Accounting	48,878.		48,878.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,437,870.	2,673,599.	764,271.	
12 Advertising and promotion	110,317.	110,317.		
13 Office expenses	3,644,705.	3,419,558.	225,147.	
14 Information technology				
15 Royalties				
16 Occupancy	462,452.	448,663.	13,789.	
17 Travel	54,834.	44,409.	10,425.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	279,522.	279,522.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	423,141.	412,153.	10,988.	
23 Insurance	297,953.	256,478.	41,475.	
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 <u>PATIENT BAD DEBT</u>	1,790,386.	1,790,386.		
b <u>MISCELLANEOUS EXPENSE</u>	215,776.	599,421.	<383,645.>	
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	24,968,773.	23,555,967.	1,412,806.	0.
26 Joint costs. Check here <input type="checkbox"/> 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	7,770.	1	92,162.
	2 Savings and temporary cash investments	6,240,296.	2	5,465,472.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,445,140.	4	5,886,309.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		7	
	8 Inventories for sale or use	516,195.	8	519,023.
	9 Prepaid expenses and deferred charges	139,861.	9	288,018.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 53,468,362.		
	b Less: accumulated depreciation	10b 41,971,785.	10c	11,496,577.
	11 Investments - publicly traded securities		11	336,007.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,176,580.	13	1,286,355.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	481,957.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,720,746.	16	25,369,923.	
Liabilities	17 Accounts payable and accrued expenses	3,973,639.	17	3,633,943.
	18 Grants payable		18	
	19 Deferred revenue	202,119.	19	164,925.
	20 Tax-exempt bond liabilities	17,665,000.	20	17,665,000.
	21 Escrow or custodial 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	79,644.	23	79,644.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,900,000.	25	3,785,827.
	26 Total liabilities. Add lines 17 through 25	23,820,402.	26	25,329,339.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,863,893.	27	<1,063,484.>
	28 Temporarily restricted net assets	1,036,451.	28	1,104,068.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,900,344.	33	40,584.
	34 Total liabilities and net assets/fund balances	34,720,746.	34	25,369,923.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

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

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

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

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

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

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

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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 tax year ▶ _____

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

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

Part V Endowment Funds. Complete if the 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	1,104,068.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,104,068.				

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

a Board designated or quasi-endowment ▶ .00 %

b Permanent endowment ▶ .00 %

c Term endowment ▶ 100.00 %

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

(i) unrelated organizations

(ii) related organizations

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

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

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) Accumulated depreciation	(d) Book value
1a Land		773,799.		773,799.
b Buildings		32,949,329.	24,150,767.	8,798,562.
c Leasehold improvements		1,851,549.	1,801,292.	50,257.
d Equipment		17,046,368.	16,019,726.	1,026,642.
e Other		847,317.		847,317.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,496,577.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,865,710.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,968,773.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<1,103,063.>
4	Net unrealized gains (losses) on investments	4	<2,578.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<9,754,119.>
9	Total adjustments (net) Add lines 4 through 8	9	<9,756,697.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<10,859,760.>

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	23,868,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	<2,578.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,430.
e	Add lines 2a through 2d	2e	2,852.
3	Subtract line 2e from line 1	3	23,865,148.
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	562.
c	Add lines 4a and 4b	4c	562.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,865,710.

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

1	Total expenses and losses per audited financial statements	1	24,974,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	5,789.
e	Add lines 2a through 2d	2e	5,789.
3	Subtract line 2e from line 1	3	24,968,211.
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	562.
c	Add lines 4a and 4b	4c	562.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,968,773.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST OF UNITY HEALTHCARE FOUNDATION: 109774.

PRIOR PERIOD ADJUSTMENT-FIXED ASSET WRITE-DOWNS: -9551587.

Part XIV Supplemental Information (continued)

REMOVE NET ASSETS OF NONCONSOLIDATED ENTITY: -312306.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING: 5430.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED IN REVENUES: 562.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING: 5789.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED IN REVENUES: 562.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ See separate instructions.

Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>1,000</u> %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?	<input checked="" type="checkbox"/>	
b If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)		2,251	619,136.	0.	619,136.	2.67%
b Unreimbursed Medicaid (from Worksheet 3, column a)			1937152.	1526170.	410,982.	1.77%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		2,251	2556288.	1526170.	1030118.	4.44%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,528	105,216.	0.	105,216.	.45%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)		3	820.	0.	820.	.00%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		22,841	15,875.	0.	15,875.	.07%
j Total. Other Benefits		25,372	121,911.		121,911.	.52%
k Total. Add lines 7d and 7j		27,623	2678199.	1526170.	1152029.	4.96%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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		300	10,170.		10,170.	.04%
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		300	10,170.		10,170.	.04%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

	Yes	No
1		X

- 2 Enter the amount of the organization's bad debt expense (at cost)

2	850,755.
---	----------

- 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	0.
---	----

- 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, and 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	3,703,731.
---	------------

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

6	4,458,991.
---	------------

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

7	<755,260.>
---	------------

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

Check the box that describes the method used

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?

9a	X	
----	---	--

- 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	X	
----	---	--

Part IV Management Companies and Joint Ventures

(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 VI Supplemental Information

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.

PART I, LINE 6A: TRINITY REGIONAL HEALTH SYSTEM

PART III, LINE 4: THE HEALTH SYSTEM PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS. AS A SERVICE TO THE PATIENT, THE HEALTH SYSTEM BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED. PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED. ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT.

IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THEIR BALANCE IS WRITTEN OFF DIRECTLY RATHER THAN BEING SENT TO THE COLLECTION AGENCY.

PART III, LINE 8: THE HOSPITAL BELIEVES THE ENTIRE AMOUNT OF THE MEDICARE SHORTFALL REPORTED ON LINE 7 ABOVE SHOULD BE TREATED AS COMMUNITY BENEFIT, MORE SPECIFICALLY, AS CHARITY CARE. THIS IS BECAUSE THE ELDERLY CONSTITUTE A CLEARLY-RECOGNIZED CHARITABLE CLASS, AND MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR AND THUS WOULD HAVE QUALIFIED FOR THE HOSPITAL'S CHARITY CARE PROGRAM OR MEDICAID IN ADDITION TO MEDICARE. IF THESE PATIENTS HAD BEEN TREATED AS CHARITY CARE,

Part VI Supplemental Information

THE ENTIRE COST OF MEDICAL CARE WOULD HAVE BEEN CONSIDERED COMMUNITY BENEFIT UNDER PART I.

AMOUNTS ON LINE 6 WERE CALCULATED USING IRS WORKSHEET B 'TOTAL MEDICARE ALLOWABLE COSTS.' THE MEDICARE ALLOWABLE COSTS WERE OBTAINED FROM THE MEDICARE COST REPORTS AND THEN REDUCED BY ANY AMOUNTS ALREADY CAPTURED IN COMMUNITY BENEFIT EXPENSE IN PART I ABOVE.

PART III, LINE 9B: AFTER THE PATIENT MEETS THE QUALIFICATIONS FOR FINANCIAL ASSISTANCE, THE ACCOUNT BALANCE IS PARTIALLY OR ENTIRELY WRITTEN OFF, AS APPROPRIATE. ANY REMAINING BALANCE, IF ANY, WOULD BE COLLECTED UNDER THE NORMAL DEBT COLLECTION POLICY.

PART VI, LINE 2: UNITY HEALTHCARE CONTINUALLY WORKS WITH COMMUNITY PARTNERS IN THE MUSCATINE AREA TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY. UNITY HEALTHCARE'S PUBLIC HEALTH DEPARTMENT WORKS COLLABORATIVELY WITH THE LOCAL SCHOOLS, BOARD OF HEALTH, AND OTHER LOCAL AGENCIES TO ASSESS, ADDRESS AND MONITOR THE HEALTH NEEDS OF THE MUSCATINE AREA. UNITY HEALTHCARE ALSO PARTICIPATES AS PART OF THE UNITED WAY OF MUSCATINE'S COMMUNITY IMPACT COMMITTEE. THIS GROUP ACTIVELY ADDRESSES THE NEED AND STRATEGIES ASSOCIATED WITH HEALTH. MORE SPECIFICALLY, THIS GROUP OFTEN FOCUSES ON THE SOCIAL DETERMINANTS OF HEALTH AND HOW TO IMPACT THEM IN THE EFFORT TO RAISE THE COMMUNITY HEALTH STATUS. THIS WIDE BASED COLLABORATIVE PROVIDES OPPORTUNITIES FOR UNITY HEALTHCARE TO ENGAGE IN VARIOUS AREAS OF SERVICE TO THE COMMUNITY THAT MAY BE OUTSIDE OF ITS TYPICAL EXPERTISE BUT WITHIN ITS EXISTING RESOURCES. IN ADDITION TO THESE ORGANIZED COMMUNITY EFFORTS, UNITY HEALTHCARE CONTINUALLY MONITORS COMMUNITY NEEDS SPECIFIC TO ITS SERVICE LINES AND THE RESOURCES IT CAN

Part VI Supplemental Information

LEVERAGE TO ADDRESS THEM. INDIVIDUAL DEPARTMENTS OFTEN WORK TO IDENTIFY SPECIFIC NEEDS RELATED TO THEIR SERVICES AND THE POPULATION THEY IMPACT.

PART VI, LINE 3: UNITY HEALTHCARE PERFORMS THE FOLLOWING ACTIVITIES TO COMMUNICATE THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE TO ALL PATIENTS: 1) PLACES SIGNAGE, INFORMATION, AND/OR BROCHURES IN APPROPRIATE AREAS OF THE PROVIDER (E.G., THE EMERGENCY DEPARTMENT, AND REGISTRATION AND CHECK-OUT/CASHIER AREAS) STATING THAT THE PROVIDER/PHYSICIAN PRACTICE OFFERS CHARITY CARE AND DESCRIBES HOW TO OBTAIN MORE INFORMATION ABOUT FINANCIAL ASSISTANCE, 2) PLACES A NOTE ON THE HEALTH-CARE BILL AND STATEMENTS REGARDING HOW TO REQUEST INFORMATION ABOUT FINANCIAL ASSISTANCE, 3) DESIGNATES INDIVIDUALS WHO CAN EXPLAIN THE PROVIDER'S CHARITY CARE POLICY, AND 4) INSTRUCTS STAFF WHO INTERACT WITH PATIENTS TO DIRECT QUESTION REGARDING THE CHARITY CARE POLICY TO THE PROPER PROVIDER REPRESENTATIVE.

PART VI, LINE 4: UNITY HEALTHCARE IS AN 80-BED COMMUNITY HOSPITAL IN EASTERN IOWA. UNITY HEALTHCARE IS NONDENOMINATIONAL AND SERVES ALL WHO COME HERE, REGARDLESS OF REASON OR CIRCUMSTANCE. EIGHTY-NINE PERCENT OF UNITY HEALTHCARE'S INPATIENT MARKET RESIDENTS LIVE WITHIN THE IOWA COUNTY OF MUSCATINE. UNITY HEALTHCARE ADMITS APPROXIMATELY 1,800 INPATIENTS AND CARES FOR 13,000 EMERGENCY PATIENTS PER YEAR. FOR THESE COUNTIES, THE MEDIAN HOUSEHOLD INCOME IS \$44,709, AND THE AVERAGE POVERTY RATE IS 10.9% PERCENT. MUSCATINE COUNTY IS 96.6 PERCENT CAUCASIAN. APPROXIMATELY 51% OF TRINITY MEDICAL CENTER PATIENTS ARE ELIGIBLE FOR MEDICARE OR MEDICAID.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES ARE ESSENTIAL ROLES FOR HEALTH-CARE ORGANIZATIONS IN THAT THEY ADDRESS MANY OF THE UNDERLYING

Part VI Supplemental Information

DETERMINANTS OF HEALTH. RESEARCH HAS CONTINUALLY SHOWN THAT WHEN THE FACTORS INFLUENCING HEALTH ARE EXPLORED, HEALTH CARE ACTUALLY PLAYS THE SMALLEST ROLE PROPORTIONATELY. A REPORT IN THE JOURNAL OF AMERICAN MEDICAL ASSOCIATION AND THE CENTER FOR DISEASE CONTROL (MCGINNIS, 1996) SUGGESTS THAT THE FACTORS IMPACTING HEALTH ARE AS FOLLOWS: LIFESTYLE AND BEHAVIORS, 50%, ENVIRONMENT (HUMAN AND NATURAL), 20%, GENETICS AND HUMAN BIOLOGY, 20%, AND HEALTH CARE, 10%. COMMUNITY BUILDING ACTIVITIES HELP TO ADDRESS THE OTHER INDICATORS OUTSIDE OF THE ROLE TRADITIONALLY PLAYED BY HEALTH-CARE ORGANIZATIONS. THESE ACTIVITIES ARE ALMOST EXCLUSIVELY DONE IN SOME FORM OF PARTNERSHIP IN WHICH THE COMMUNITY OR OTHER ORGANIZATIONS ARE BETTER SUITED TO ADDRESS. HEALTH-CARE ORGANIZATIONS GENERALLY PROVIDE TIMELY AND SPECIFIC RESOURCES TO HELP THESE ISSUES. HEALTH-CARE ORGANIZATIONS CAN BE A RICH AND VALUABLE COMMUNITY RESOURCE IN WAYS NOT TYPICALLY CONSIDERED. OFTEN THE MOST EFFECTIVE WAY TO HELP IMPACT AND IMPROVE THE COMMUNITY HEALTH STATUS IS TO SUPPORT OTHER AGENCIES AND ORGANIZATIONS IN A VARIETY OF WAYS OUTSIDE OF HEALTH SERVICES. THIS IS OFTEN DONE THROUGH CASH OR IN-KIND SERVICES TO SUPPORT OTHER NON-PROFITS, DONATIONS OF DURABLE MEDICAL EQUIPMENT AND SUPPLIES TO FREE CLINICS OR AGENCIES, OR THROUGH LEADERSHIP AND EDUCATIONAL EXPERTISE. UNITY HEALTHCARE CONTRIBUTES TO A WIDE VARIETY OF COMMUNITY ORGANIZATIONS THAT ADDRESS THE BROADER NEEDS OF THE COMMUNITY. THESE DONATIONS ALLOW OTHER NON-PROFIT ORGANIZATIONS TO FULFILL THEIR MISSIONS TO IMPROVE THE WELL BEING OF THE COMMUNITY AND CONTRIBUTE TO ITS OVERALL HEALTH STATUS IN WAYS THAT MAY DIFFER FROM THE DIRECT SERVICES OF THE HOSPITAL ORGANIZATION. OTHER DONATIONS SUCH AS FOOD OR OTHER DURABLE GOODS PROVIDE AREA SHELTERS AND OTHER ORGANIZATIONS IN THE AREA. THIS ALLOWS THESE ORGANIZATIONS TO MAXIMIZE THE RESOURCES THEY HAVE TO WORK WITH. UNITY HEALTHCARE EMPLOYEES ARE ACTIVE IN EDUCATING PARTNERS ON A WIDE VARIETY OF HEALTH SUBJECTS THAT

Part VI Supplemental Information

ADVANCE THEIR WORK. FURTHER, UNITY HEALTHCARE EMPLOYEES ARE MEMBERS OF MANY NON-PROFIT BOARDS TO PROVIDE LEADERSHIP OR COMMUNITY COLLABORATIVE COLLECTIVELY WORKING TO ADDRESS COMPLEX HEALTH ISSUES. THESE TYPES OF ACTIVITIES SPEAK TO THE BREADTH AND CAPACITY THAT UNITY HEALTHCARE HAS IN IMPACTING THE HEALTH STATUS OF THE COMMUNITY IN A VERY COMPREHENSIVE AND INTENTIONAL APPROACH.

PART VI, LINE 6: UNITY HEALTHCARE IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITH THE GOAL OF PROMOTING THE HEALTH OF THE COMMUNITIES IT SERVES. UNITY HEALTHCARE SUPPORTS THIS MISSION WITH A COMMUNITY BOARD, OPEN MEDICAL STAFF, AND AN EMERGENCY ROOM AVAILABLE TO PATIENTS REGARDLESS OF ABILITY TO PAY. THE BOARD OF DIRECTORS OF UNITY HEALTHCARE IS COMPOSED OF CIVIC LEADERS WHO RESIDE IN THE SERVICE AREA OF THE HOSPITAL. THE BOARD ACTIVELY DEBATES AND SETS POLICY AND STRATEGIC DIRECTION FOR THE HOSPITAL BUT DOES NOT GET INVOLVED IN ISSUES RELATED TO THE DIRECT OPERATIONS OF THE HOSPITAL. THE BOARD TAKES A BALANCED APPROACH WHEN ADDRESSING COMMUNITY AND BUSINESS/FINANCIAL CONCERNS. THE BOARD IS ALSO THE PRIMARY GROUP FOR DETERMINING THE USE OF HOSPITAL SURPLUS FUNDS, WHICH ARE ALL USED TO FURTHER OUR CHARITABLE PURPOSE.

PART VI, LINE 7: THE HOSPITAL IS PART OF IOWA HEALTH SYSTEM. INITIALLY FORMED IN 1995, IOWA HEALTH SYSTEM IS THE STATE'S FIRST AND LARGEST INTEGRATED HEALTH SYSTEM, SERVING NEARLY ONE OF EVERY THREE PATIENTS IN IOWA. THROUGH RELATIONSHIPS WITH 26 HOSPITALS IN METROPOLITAN AND RURAL COMMUNITIES AND MORE THAN 140 PHYSICIAN CLINICS, IOWA HEALTH SYSTEM PROVIDES CARE THROUGHOUT IOWA AND WESTERN ILLINOIS.

IOWA HEALTH SYSTEM ENTITIES EMPLOY THE STATE'S LARGEST NONPROFIT

Part VI Supplemental Information

WORKFORCE, WITH NEARLY 20,000 EMPLOYEES WORKING TOWARD INNOVATIVE ADVANCEMENTS TO DELIVER THE BEST OUTCOME FOR EVERY PATIENT EVERY TIME. EACH YEAR, THROUGH MORE THAN 2.5 MILLION PATIENT VISITS, IOWA HEALTH SYSTEM HOSPITALS AND CLINICS PROVIDE A FULL RANGE OF CARE TO PATIENTS AND FAMILIES. WITH ANNUAL REVENUES OF \$2 BILLION, IOWA HEALTH SYSTEM IS THE SIXTH LARGEST NONDENOMINATIONAL HEALTH SYSTEM IN AMERICA AND PROVIDES COMMUNITY BENEFIT PROGRAMS AND SERVICES TO IMPROVE THE HEALTH OF PEOPLE IN ITS COMMUNITIES.

IOWA HEALTH SYSTEM AND ITS AFFILIATES ENGAGE IN COMMUNITY HEALTH PROGRAMS AND SERVICES THROUGHOUT IOWA, AND WORK WITH VOLUNTEER AND CIVIC ORGANIZATIONS, SCHOOLS, BUSINESSES, INSURERS AND INDIVIDUALS TO SUPPORT ACTIVITIES THAT BENEFIT PEOPLE THROUGHOUT THE STATE. IN 2009, IOWA HEALTH SYSTEM AND ITS AFFILIATES PROVIDED MORE THAN \$128 MILLION OF COMMUNITY BENEFITS. THE CONTRIBUTIONS TO THEIR COMMUNITIES BY IOWA HEALTH SYSTEM AND ITS AFFILIATES ARE REPORTED IN DETAIL IN STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (PART III) OF THE IRS FORM 990 OF THOSE AFFILIATES.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IA

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

Part I Questions Regarding Compensation

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

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

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

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?

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

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

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

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

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

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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) Retirement and other 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) ANDREA COLEMAN (TO 11/09)	0.	0.	0.	0.	0.	0.	0.
(ii) ANDREA COLEMAN (TO 11/09)	334,839.	47,520.	63,661.	32,326.	24,537.	502,883.	0.
(i) SUSAN COLEMAN, MD	282,672.	0.	0.	11,367.	1,500.	295,539.	0.
(ii) SUSAN COLEMAN, MD	0.	0.	0.	0.	0.	0.	0.
(i) DOUGLAS DAWSON, MD	380,031.	0.	0.	0.	1,296.	381,327.	0.
(ii) DOUGLAS DAWSON, MD	0.	0.	0.	0.	0.	0.	0.
(i) COLETTE HOSTETLER, MD	177,565.	16.	0.	22,000.	1,500.	201,081.	0.
(ii) COLETTE HOSTETLER, MD	0.	0.	0.	0.	0.	0.	0.
(i) TOM TIBBITTS (FR 11/09)	372,407.	81,570.	70,755.	483,916.	10,747.	1,019,395.	0.
(ii) TOM TIBBITTS (FR 11/09)	0.	0.	0.	0.	0.	0.	0.
(i) GREG PAGLIUZZA JR	154,800.	0.	14,625.	0.	0.	169,425.	0.
(ii) GREG PAGLIUZZA JR	0.	0.	0.	0.	0.	0.	0.
(i) JAMES HAYES	110,598.	10,000.	13,617.	11,950.	9,601.	155,766.	0.
(ii) JAMES HAYES	436,842.	997.	0.	22,000.	0.	459,839.	0.
(i) MATTHEW SOJKA, MD	0.	0.	0.	0.	0.	0.	0.
(ii) MATTHEW SOJKA, MD	0.	0.	0.	0.	0.	0.	0.
(i) JEFFREY STOLZE	193,999.	22,859.	17,378.	60,090.	24,010.	318,336.	0.
(ii) JEFFREY STOLZE	294,838.	0.	0.	1,001.	1,214.	297,053.	0.
(i) THOMAS HELMSWORTH, MD	0.	0.	0.	0.	0.	0.	0.
(ii) THOMAS HELMSWORTH, MD	300,588.	25,000.	0.	22,000.	2,383.	349,971.	0.
(i) PRASAD NADKARNI, MD	0.	0.	0.	0.	0.	0.	0.
(ii) PRASAD NADKARNI, MD	199,524.	25,988.	0.	16,500.	4,980.	246,992.	0.
(i) ERIC SCHMIEG, DO	0.	0.	0.	0.	0.	0.	0.
(ii) ERIC SCHMIEG, DO	325,352.	0.	0.	16,500.	2,714.	344,566.	0.
(i) HEIDI STURTEVANT, MD	0.	0.	0.	0.	0.	0.	0.
(ii) HEIDI STURTEVANT, MD	217,741.	490.	0.	17,767.	2,000.	237,998.	0.
(i) ROBERT WEIS, MD	0.	0.	0.	0.	0.	0.	0.
(ii) ROBERT WEIS, MD	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2009

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.

PART I, LINE 1A: A HOUSING ALLOWANCE WAS PROVIDED TEMPORARILY FOR A NEW EXECUTIVE WHILE THEY WERE TRANSITIONING THEIR RESIDENCE LOCALLY. THIS ALLOWANCE WAS TAXED AS PART OF THEIR PAYROLL.

PART I, LINE 4B: THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: ANDREA COLEMAN \$19,075, JAMES HAYES \$11,950, JEFFREY STOLZE \$42,436, TOM TIBBITTS \$476,924.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number
42-0680337

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A BANK OF NEW YORK	52-1699886	46246PKC4	02/01/06	14505000.	CONSTRUCTION OF FACILITIES		X		X
B CITY OF MUSCATINE	42-6005008	NONE	12/31/05	4,000,000.	CONSTRUCTION OF FACILITIES		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		%		%		%
6 Total of lines 4 and 5		.00 %		.00 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X						
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?	X			X						

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open To Public Inspection

Employer identification number
42-0680337

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

▶ \$

► \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total			\$							

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CENTRAL STATE BANK	COMMON BOARD MEMBER	133,821.	FINANCIAL SERVICES		X
MUSCATINE POWER & WATER	COMMON BOARD MEMBER	341,497.	UTILITIES		X

Schedule L (Form 990 or 990-EZ) 2009

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SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HEMOC/ONCOLOGY

THE UNIVERSITY OF IOWA OUTREACH SERVICE PROVIDES HEMATOLOGY AND
ONCOLOGY SERVICES TO UNITY HEALTHCARE TWO MONDAYS A MONTH. THE SERVICE
IS BEING PROVIDED IN THE OUTPATIENT SURGICAL AREA AND INFUSION CENTER.
THE CLINIC SEES PATIENTS REFERRED BY THE UNITY DOCTORS FOR MANAGEMENT
OF BLOOD DISEASES AND CANCER TREATMENT. TWO PHYSICIANS CREDENTIALLED AT
UNITY PROVIDE THE PHYSICIAN SERVICES. OUR SERVICE WAS INITIATED
SEPTEMBER 2009.

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

AGE OR ABILITY TO PAY FOR THE SERVICES RENDERED. THESE INCLUDE, BUT
ARE NOT LIMITED TO GENERAL ACUTE CARE, SURGERIES, INTENSIVE CARE AND
CRITICAL CARE, CARDIOLOGY, ONCOLOGY, REHABILITATION, MATERNAL/CHILD
CARE, PHARMACEUTICAL DRUGS, EMERGENCY SERVICES, OUTPATIENT CLINICS,
OUTPATIENT SUBSTANCE ABUSE, PUBLIC HEALTH SERVICES AND RADIOLOGY. SOME
SERVICES PROVIDED DO NOT GENERATE ENOUGH INCOME TO OFFSET THEIR COST.
IN THE FISCAL PERIOD ENDED DECEMBER 31, 2009, UNITY HEALTHCARE ADMITTED
720 PATIENTS RESULTING IN A TOTAL OF 2,325 PATIENT DAYS. THERE WERE
ALSO 6,633 EMERGENCY ROOM VISITS AND 178 BABIES DELIVERED.

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

OTHER GOVERNMENT-SPONSORED HEALTH-CARE PROGRAMS. UNITY HEALTHCARE'S
NET COST OF PROVIDING CARE FOR WHICH IT RECEIVES NO PAYMENT OR PAYMENT
BELOW CHARGES IS \$410,982. TOTAL CHARITY CARE AND MEANS-TESTED

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

PROGRAMS REPORTED VALUE: \$1,067,599.

OTHER BENEFITS: UNITY HEALTHCARE PROVIDES SEVERAL OTHER BENEFITS THAT ASSIST THE COMMUNITY. PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS SUCH AS PREVENTION AND HEALTH SCREENINGS; HEALTH PROFESSIONAL'S EDUCATION; SUBSIDIZED HEALTH SERVICES; RESEARCH AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. UNITY HEALTHCARE COLLABORATES WITH OTHER HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND DAYCARE CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE. UNITY HEALTHCARE HAS DEDICATED STAFF TO ASSIST COMMUNITY BENEFIT EFFORTS. APPROXIMATELY 25,372 PERSONS WERE SERVED THROUGH THESE PROGRAMS. TOTAL OTHER BENEFITS REPORTED VALUE: \$121,911.

FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE JULY 1, 2009, THE ARTICLES OF INCORPORATION WERE AMENDED TO REFLECT TRINITY REGIONAL HEALTH SYSTEM, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, AS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 6: TRINITY REGIONAL HEALTH SYSTEM, A TAX-EXEMPT ILLINOIS NOT-FOR-PROFIT CORPORATION, IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: TRINITY REGIONAL HEALTH SYSTEM MAY APPOINT THREE BOARD MEMBERS AND APPROVES ALL OTHERS.

FORM 990, PART VI, SECTION A, LINE 7B: TRINITY REGIONAL HEALTH SYSTEM, AS SOLE MEMBER, APPROVES AMENDMENTS TO ARTICLES, BYLAWS AND APPOINTS CEO.

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

Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED INTERNALLY BY THE TAX DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION. EACH SECTION OF THE RETURN IS REVIEWED BY FUNCTIONAL AREA WITH RESPONSIBILITY ALONG WITH THE TAX DEPARTMENT. A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW. A SUBCOMMITTEE OF THE BOARD REVIEWS THE FORM 990 AND REPORTS BACK TO THE FULL BOARD. A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS.

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

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

Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION.

THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES.

ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF
A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS.
THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN
WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS.

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

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS
SHALL CONTAIN: 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE
FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No 1545-0047

2009

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Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION
TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE
BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN
FACT EXISTED; 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS
AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE
DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR
ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH;

IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE
DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY
EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST
POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION, AS PART OF IOWA
HEALTH SYSTEM, IS INCLUDED IN THE PROCESS OF ESTABLISHING REASONABLE AND
APPROPRIATE COMPENSATION. SYSTEM-WIDE, WE COMPARE OUR TOP 50 POSITIONS
WITH LIKE/COMPARABLE ENTITIES ACROSS THE COUNTRY, USING THE BEST,
INDEPENDENT COMPENSATION CONSULTANTS AVAILABLE. BASED ON THIS INPUT,
COMPENSATION, INCLUDING INCENTIVE COMPENSATION PROGRAMS AND BENEFITS ARE
STRUCTURED. OUR MARKET DATA, COMPENSATION CONSULTANT, AND BOARD OF
COMMUNITY AND BUSINESS LEADERS FULLY SUPPORT THE REASONABLENESS OF OUR
EXECUTIVES' COMPENSATION. WE FULLY COMPLY WITH THE COMPREHENSIVE FEDERAL
LAW AND REGULATIONS COVERING EXECUTIVE COMPENSATION IN TAX EXEMPT ENTITIES,
AND HAD 3 ENTITIES REVIEWED BY THE IRS FOR TAX YEAR 2002. THE IRS ISSUED
NO CHANGE LETTERS CLOSING THE REVIEW.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

THE ANALYSIS WAS LAST PERFORMED IN NOVEMBER 2009 FOR THE FOLLOWINGINDIVIDUALS: ANDREA COLEMAN, JAMES HAYES, JEFFREY STOLZE AND TOM TIBBITTS

IN ADDITION, COMPENSATION OF MOST, IF NOT ALL, OF THE OTHER PERSONS LISTED
ON FORM 990, PART VII WAS ESTABLISHED AT A LOCAL LEVEL BY AN INDEPENDENT
PERSON/COMMITTEE USING INDEPENDENT COMPENSATION CONSULTANT AND/OR
COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSON IN FUNCTIONALLY
COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. ALL COMPENSATION
IS BASED ON FAIR MARKET VALUE.

FORM 990, PART VI, SECTION C, LINE 19: IOWA HEALTH SYSTEM, OUR PARENT
ORGANIZATION, HAS VOLUNTARILY ADOPTED MANY OF OUR INDUSTRY'S GOVERNANCE
"BEST PRACTICES." WE'VE DONE SO TO FURTHER ASSURE OUR STAKEHOLDERS THAT OUR
GOVERNANCE AND MANAGEMENT IS CONDUCTED RESPONSIBLY AND WARRANTS THE TRUST
YOU PLACE IN US.

IN SEPTEMBER 2003, THE IOWA HEALTH BOARD OF DIRECTORS VOLUNTARILY ADOPTED
OVER 40 CHANGES TO ITS GOVERNANCE STRUCTURE TO BETTER COMPLY WITH
GOVERNANCE BEST PRACTICES. IN ADDITION, MANY GOVERNANCE POLICIES AND
CORPORATE INFORMATION HAS BEEN ADDED TO THE IOWA HEALTH SYSTEM WEBSITE,
INCLUDING BUT NOT LIMITED TO: OVER 130 CORPORATE COMPLIANCE POLICIES,
INCLUDING CHARITY CARE AND CONFLICT OF INTEREST; GOVERNANCE BEST PRACTICE
POLICIES; BOARD MEMBERS AND COMMITTEES; COMPENSATION FOR EACH SENIOR
AFFILIATE TOP EXECUTIVE; AND FINANCIAL INFORMATION FOR PAST SEVEN YEARS.

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITY HEALTHCARE

Employer identification number

42-0680337

(A) NAME OF PERSON: CENTRAL STATE BANK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD MEMBER/OFFICER

(C) AMOUNT OF TRANSACTION \$ 133821.

(D) DESCRIPTION OF TRANSACTION: FINANCIAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MUSCATINE POWER & WATER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD MEMBER/OFFICER

(C) AMOUNT OF TRANSACTION \$ 341497.

(D) DESCRIPTION OF TRANSACTION: UTILITIES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCH R, PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS:

THE AMOUNTS LISTED IN COLUMN C WERE OBTAINED FROM THE CORPORATE BOOKS

AND RECORDS OF THE ORGANIZATIONS. BASED ON GAAP, CASH AND/OR FAIR

MARKET VALUE.

Name of the organization

UNITY HEALTHCARE

Employer identification number
42-0680337

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ALLEN COLLEGE - 42-1351526					
1825 LOGAN AVENUE					
WATERLOO, IA 50703	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IOWA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS, INC.
ALLEN HEALTH SYSTEMS, INC. - 42-1201924					
1825 LOGAN AVENUE	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE			509(A)(3), TYPE II	
WATERLOO, IA 50703		IOWA	501(C)(3)		IOWA HEALTH SYSTEM
ALLEN MEMORIAL HOSPITAL CORPORATION -					
42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA				170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS, INC.
50703	HOSPITAL	IOWA	501(C)(3)		
ANAMOSA AREA AMBULANCE SERVICE - 42-1466284					
101 GRANT WOOD DRIVE					ST. LUKE'S/JONES
ANAMOSA, IA 52205	PROVIDE AMBULANCE SERVICES	IOWA	501(C)(3)	509(A)(2)	REGIONAL MEDICAL CENTER

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
1776 WESTLAKES PARKWAY, L.C. - 20-5031651, 4949 WESTOWN PARKWAY, SUITE 200, WEST DES MOINES, IA 50266	OWNERSHIP/RENTAL OF 2 COMMERCIAL OFFICE BUILDINGS	IA	N/A	INVESTMENT	<490,526.>	1105078.		X	<491,912.>	X
CENTRAL IOWA HEART SERVICES, L.L.C. - 20-0783229, 1200 PLEASANT STREET, DES MOINES, IA 50309	CARDIOVASCULAR TREATMENT AND THERAPY	IA	N/A	RELATED	<30,025.>	0.		X	N/A	X
DUBUQUE ENDOSCOPY CENTER, L.C. - 20-1597161, 1515 DELHI STREET, SUITE 500, DUBUQUE, IA 52001	AMBULATORY SURGERY CENTER	IA	THE FINLEY HOSPITAL	RELATED	730,836.	164,461.		X	N/A	X
EASTERN IOWA SLEEP CENTER, L.L.C. - 26-0310416, 600 7TH ST, CEDAR RAPIDS, IA 52401	SLEEP LAB SERVICES	IA	N/A	RELATED	449,821.	1050670.		X	N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MEDIMORE, INC. - 42-1414390 1200 PLEASANT ST DES MOINES, IA 50309	MANAGED CARE	IA	IOWA HEALTH SYSTEM	C CORP	213,077.	0.	100%
PRECEDENCE, INC. - 37-1288604 4622 PROGRESS DRIVE, STE A DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	THE ROBERT YOUNG CENTER FOR COMMUNITY	C CORP	543,400.	363,524.	100%
ST. LUKE'S DEVELOPMENT COMPANY - 42-1353658 1026 A AVE NE CEDAR RAPIDS, IA 52402	LESSOR NONRESIDENTIAL REAL ESTATE	IA	ST. LUKE'S HEALTH CARE FOUNDATION	C CORP	<148,038.>	6775590.	100%
STL HEALTH RESOURCES CO. - 42-1193499 1026 A AVE NE CEDAR RAPIDS, IA 52402	PHYSICIAN OFFICE RENTAL	IA	ST. LUKE'S METHODIST HOSPITAL	C CORP	369,116.	6806817.	100%
TRIMARK PHYSICIANS GROUP, INC. - 42-1335554 802 KENYON ROAD FORT DODGE, IA 50501	MEDICAL CLINICS	IA	TRINITY HEALTH SYSTEMS, INC.	C CORP	41207370.	15473912.	100%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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
CENTRAL IOWA HEALTH PROPERTIES CORPORATION - 42-1233759, 1200 PLEASANT STREET, DES MOINES, IA 50309	PROPERTY HOLDING COMPANY	IOWA	501(C)(2)		CENTRAL IOWA HEALTH SYSTEM
CENTRAL IOWA HEALTH SYSTEM - 42-1189791 1200 PLEASANT STREET DES MOINES, IA 50309	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
CENTRAL IOWA HOSPITAL CORPORATION - 42-0680452, 1200 PLEASANT STREET, DES MOINES, IA 50309	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM
FINLEY HEALTH FOUNDATION, INC. - 42-1286953 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	THE FINLEY HOSPITAL AND THE DUBUQUE VISITING NURSE ASSOCIATION
FINLEY TRI-STATES HEALTH GROUP, INC. - 42-1307495, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
HNC SERVICES - 27-0987243 1200 PLEASANT STREET DES MOINES, IA 50309	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
INTRUST - 42-1477471 1133 AURORA AVENUE URBANDALE, IA 50322	HOME HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM
IOWA HEALTH FOUNDATION - 42-1467682 1440 INGERSOLL AVENUE DES MOINES, IA 50309	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	509(A)(3), TYPE III	CENTRAL IOWA HEALTH SYSTEM
IOWA HEALTH SYSTEM - 42-1435199 1200 PLEASANT STREET DES MOINES, IA 50309	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE III	
IOWA LUTHERAN HOSPITAL AUXILIARY - 42-6059539, 1440 INGERSOLL AVENUE, DES MOINES, IA 50309	SUPPORT IOWA LUTHERAN HOSPITAL MISSION TO IMPROVE HEALTHCARE	IOWA	501(C)(3)	509(A)(3), TYPE III	
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 42-1411630, 8101 BIRCHWOOD COURT, JOHNSTON, IA 50131	PRIMARY HEALTH CARE SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM
JONES REGIONAL MEDICAL CENTER FOUNDATION - 42-1429225, 104 BROADWAY PLACE, ANAMOSA, IA 52205	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ST. LUKE'S/JONES REGIONAL MEDICAL CENTER

Schedule R-1 (Form 990) 2009

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
MEMORIAL FOUNDATION OF ALLEN HOSPITAL - 42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA 50703	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS, INC.
NELLIE R. SHERWOOD TRUST - 42-6061621 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IOWA	501(C)(3)	509(A)(3), TYPE I	ST. LUKE'S METHODIST HOSPITAL
NORTH CENTRAL IOWA MENTAL HEALTH CENTER, INCORPORATED - 42-0937390, 720 KENYON DRIVE, FORT DODGE, IA 50501	MENTAL HEALTH CARE	IOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.
NORTHWEST IOWA HOSPITAL CORPORATION - 42-1019872, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM
NORTHWOODS LIVING, INC. - 42-1307776 802 KENYON ROAD FORT DODGE, IA 50501	SERVE INDIVIDUALS WITH DISABILITIES AND/OR CHALLENGES	IOWA	501(C)(3)	170(B)(1) (A)(VI)	TRINITY HEALTH SYSTEMS, INC.
ST. LUKE'S HEALTH CARE FOUNDATION - 42-1106819, 855 A AVENUE NE STE 105, CEDAR RAPIDS, IA 52402	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ST. LUKE'S METHODIST HOSPITAL (>50% BENEFICIAL INTEREST)
ST. LUKE'S HEALTH FOUNDATION OF SIOUX CITY, IOWA - 42-1301885, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	NORTHWEST IOWA HOSPITAL CORPORATION (>50% BENEFICIAL INTEREST)
ST. LUKE'S HEALTH RESOURCES - 42-1059182 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IOWA	501(C)(3)	509(A)(2)	ST. LUKE'S HEALTH SYSTEM, INC.
ST. LUKE'S HEALTH SYSTEM, INC. - 42-1294091 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM
ST. LUKE'S HEALTHCARE - 42-1487968 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
ST. LUKE'S METHODIST HOSPITAL - 42-0504780 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTHCARE
ST. LUKE'S/S/JONES REGIONAL MEDICAL CENTER - 42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA, IA 52205	HOSPITAL	IOWA	501(C)(3)	0	ST. LUKE'S HEALTHCARE

Schedule R-1 (Form 990) 2009

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
STL CARE COMPANY - 42-1276632 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	IMPROVE PUBLIC HEALTH SERVICES	IOWA	501(C)(3)	509(A)(2)	ST. LUKE'S HEALTHCARE
THE DUBUQUE VISITING NURSE ASSOCIATION - 42-0680410, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	PUBLIC HEALTH SERVICES/HOME CARE	IOWA	501(C)(3)	509(A)(2)	FINLEY TRI-STATES HEALTH GROUP, INC.
THE FINLEY HOSPITAL - 42-0680354 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	FINLEY TRI-STATES HEALTH GROUP, INC.
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH - 36-3678909, 2701 17TH STREET, ROCK ISLAND, IL 61201	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY BUILDING CORPORATION - 42-1376187 802 KENYON ROAD FORT DODGE, IA 50501	PROPERTY HOLDING COMPANY	IOWA	501(C)(2)		TRINITY HEALTH SYSTEMS, INC.
TRINITY HEALTH FOUNDATION - 42-1222381 802 KENYON ROAD FORT DODGE, IA 50501	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	TRINITY HEALTH SYSTEMS, INC.
TRINITY HEALTH FOUNDATION - 36-3321751 2701 17TH STREET ROCK ISLAND, IL 61201	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY HEALTH SYSTEMS, INC. - 42-1222877 802 KENYON ROAD FORT DODGE, IA 50501	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
TRINITY MEDICAL CENTER - 36-2739299 2701 17TH STREET ROCK ISLAND, IL 61201	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	TRINITY REGIONAL HEALTH SYSTEM
TRINITY REGIONAL HEALTH SYSTEM - 36-3351952 2701 17TH STREET ROCK ISLAND, IL 61201	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM
TRINITY REGIONAL HOSPITAL AUXILIARY - 42-6081474, 802 KENYON ROAD, FORT DODGE, IA 50501	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IOWA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER
TRINITY REGIONAL MEDICAL CENTER - 42-1009175 802 KENYON ROAD FORT DODGE, IA 50501	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.

Schedule R-1 (Form 990) 2009

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, unrelated, ex- cluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
FINLEY/HARTIG HOMECARE, L.L.C. - 42-1487138, 703 MAIN ST, DUBUQUE, IA 52001	SALE/RENTAL OF MEDICAL EQUIPMENT	IA	N/A	RELATED	126,368.	722,478.		X	N/A	X
HEALTH CARE AFFILIATES OF THE TRI-STATES, L.L.C. - 42-1428503, 350 N. GRANDVIEW AVE, DUBUQUE, IA 52001	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	RELATED	0.	14,037.		X	N/A	X
HEALTH ENTERPRISES VENTURES, L.L.C. - 39-1894290, 4250 GLASS ROAD NE, CEDAR RAPIDS, IA 52402	INVESTMENT VEHICLE OWNING PARTS OF EACH OF THE CLINICAL JOINT VENTURES	IA	N/A	UNRELATED	39,141.	675,275.		X	37,173.	X
HY-VEE/IOWA HEALTH, L.L.C. - 26-3293530, 5820 WESTOWN PARKWAY, WEST DES MOINES, IA 50266	PRIMARY CARE CLINIC	IA	N/A	RELATED	<158,387.	22,046.		X	N/A	X
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER, L.L.C. - 03-0482623, 1200 PLEASANT STREET, DES MOINES, IA 50309	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	RELATED	1304624.	2154182.		X	N/A	X
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC - 42-1511142, 1200 PLEASANT STREET, DES MOINES, IA 50309	GROUP PURCHASING	IA	N/A	RELATED	5177433.	680,826.		X	N/A	X
LAKEVIEW SURGERY CENTER, L.L.C. - 42-1516120, 1200 PLEASANT STREET, DES MOINES, IA 50309	SURGERY CENTER	IA	N/A	RELATED	2974957.	945,639.		X	N/A	X
METRO MRI CENTER LIMITED PARTNERSHIP - 36-3710164, 615 VALLEY VIEW DRIVE, SUITE 102, MOLINE, IL 61265	PROVIDE MRI AND OTHER MEDICAL SERVICES	IL	N/A	RELATED	7,351.	15,334.		X	N/A	X
MR ASSOCIATES, LLP - 42-1260463, 1455 SHERMAN ROAD, HIAWATHA, IA 52233	OWN AND OPERATE MR UNIT	IA	N/A	RELATED	2865276.	818,594.		X	N/A	X

Schedule R-1 (Form 990) 2009

Part III Continuation of Identification of Related Organizations Taxable as a Partnership[illegible]

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITY HEALTHCARE	Employer identification number 42-0680337
	Number, street, and room or suite no. If a P.O. box, see instructions. 1518 MULBERRY AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MUSCATINE, IA 52761	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

ANGELA GABRIEL, VICE PRESIDENT OF FINANCE

- The books are in the care of ► **1518 MULBERRY AVENUE - MUSCATINE, IA 52761**

Telephone No. ► **563-264-9260**

FAX No. ► **563-264-9484**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2009**, and ending **DEC 31, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	UNITY HEALTHCARE		42-0680337
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1518 MULBERRY AVENUE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	MUSCATINE, IA 52761		

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ANGELA GABRIEL, VICE PRESIDENT OF FINANCE

- The books are in the care of **1518 MULBERRY AVENUE - MUSCATINE, IA 52761**

Telephone No. **563-264-9260**

FAX No. **563-264-9484**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4	I request an additional 3-month extension of time until	NOVEMBER 15, 2010.
5	For calendar year _____, or other tax year beginning	JUL 1, 2009 , and ending DEC 31, 2009
6	If this tax year is for less than 12 months, check reason	<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Change in accounting period
7	State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO ACCUMULATE ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.	
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Brenda K. Donaldson** Title **CPA, P00841788**

Date **7/30/10**

Form 8868 (Rev. 4-2009)