See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

B Check if applicable:
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 101 SOUTH MARKET
Room/suite: 201

City or town, state or country, and ZIP + 4: OTTUMWA, IA 52501

F Name and address of principal officer: R. BRADLEY LITTLE
SAME AS C ABOVE

D Employer identification number: 42-0681060

E Telephone number: 641-455-5260

G Gross receipts $: 109,073,172.

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

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.ORLF.COM

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

L Year of formation: 1892 **M** State of legal domicile: IA

Part I Summary

1	Briefly describe the organization's mission or most significant activities. TO HELP OTTUMWA BECOME A MORE PROSPEROUS, GROWING AND THRIVING COMMUNITY.		
2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	860
6	Total number of volunteers (estimate if necessary)	6	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	12,327.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	308,536.	1,298,037.
9	Program service revenue (Part VIII, line 2g)	81,063,066.	6,844,573.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<100,405.>	30,530,773.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,534,256.	644,060.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83,805,453.	39,317,443.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	180,742.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,551,876.	3,306,966.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 37,125.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	40,898,924.	4,967,600.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,631,542.	8,274,566.
19	Revenue less expenses. Subtract line 18 from line 12	2,173,911.	31,042,877.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	99,337,601.	78,487,443.
21	Total liabilities (Part X, line 26)	49,826,734.	2,077,436.
22	Net assets or fund balances. Subtract line 21 from line 20	49,510,867.	76,410,007.

SCANNED MAR 13 2012

RECEIVED FEB 22 2012 OGDEN, UT

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: R Bradley Little — Date: 2.15.12

▶ R. BRADLEY LITTLE, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BARBARA J. FAJEN	Preparer's signature: Barbara J Fajen	Date: 1-17-12	Check if self-employed [ ]	PTIN
Firm's name ▶ SEIM JOHNSON, LLP			Firm's EIN ▶	
Firm's address ▶ 18081 BURT STREET, SUITE 200 OMAHA, NE 68022-4722			Phone no. (402)330-2660	

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

#

917

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
THE OTTUMWA REGIONAL LEGACY FOUNDATION IS COMMITTED TO THE WELL BEING OF THE COMMUNITY AND ITS MISSION IS TO IMPROVE THE HEALTH, EDUCATION, AND VITALITY OF THE OTTUMWA AREA THROUGH GRANTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . X 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? X Yes ☐ No
If "Yes," describe these changes on Schedule O.

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

4a (Code.) (Expenses $ 666,199. including grants of $) (Revenue $ 1,383,401.)
THE ORGANIZATION OPERATED A HOSPITAL THROUGH APRIL 30, 2010 AND IN THAT MONTH THE SURGICAL SERVICES UNIT INCLUDED PRE-ADMISSION TESTING AND CONSULTATION, ONE DAY (AMBULATORY) SURGERY, OPERATING ROOM, POST-ANESTHESIA CARE, ENDOSCOPY, MINOR SURGERY AND PAIN MANAGEMENT. THE OPERATING ROOM PROVIDED 24-HOUR SURGICAL AND ANESTHESIA CARE TO ALL PATIENTS REQUIRING ELECTIVE OR EMERGENT SURGICAL INTERVENTION. IN TOTAL, THERE WERE 72 INPATIENT SURGICAL PROCEDURES PERFORMED AND 788 OUTPATIENT PROCEDURES.

4b (Code:) (Expenses $ 505,705. including grants of $) (Revenue $ 679,333.)
THROUGH APRIL 30, 2010, THE EMERGENCY MEDICAL SERVICES DEPARTMENT OPERATED AS A LEVEL III TRAUMA CENTER. IT PROVIDED 24-HOUR PHYSICIAN COVERED ACUTE AND URGENT CARE TO REGIONAL RESIDENTS. A MINIMUM OF TWO AMBULANCES WERE STAFFED AT ALL TIMES THROUGH ON-DUTY AND ON-CALL PARAMEDIC STAFFING. THERE WERE 2,021 VISITS TO THE EMERGENCY ROOM AND 295 AMBULANCE RUNS.

4c (Code:) (Expenses $ 325,728. including grants of $) (Revenue $ 839,815.)
THE DEPARTMENT OF RADIOLOGY WAS A CONSULTATIVE SERVICE THAT EMPHASIZED AN INTEGRATED APPROACH TO MEDICAL IMAGING AT THE LOWEST POSSIBLE RADIATION EXPOSURE TO THE PATIENT. ALONG WITH CONVENTIONAL X-RAY EXAMINATIONS, THE DEPARTMENT'S CAPABILITIES INCLUDED SPIRAL 3D COMPUTER TOMOGRAPHY, ULTRASONOGRAPHY, A FULL RANGE OF NUCLEAR MEDICINE STUDIES, MAGNETIC RESONANCE IMAGING, MAMMOGRAPHY, AND SPECIAL PROCEDURES. MOBILE SERVICES FOR STEREOTACTIC BREAST BIOPSY WERE AVAILABLE ON A SCHEDULED BASIS. RADIOLOGISTS WERE AVAILABLE ON A 24-HOUR BASIS FOR CONSULTATION REGARDING INTERPRETATION AND PARTICULAR DIAGNOSTIC PROBLEMS. FOR THE ONE MONTH THROUGH APRIL 30, 2010, THERE WERE 3,776 PROCEDURES PERFORMED IN THE RADIOLOGY DEPARTMENT.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 5,047,835. including grants of $) (Revenue $ 4,505,927.)

4e Total program service expenses ▶ 6,545,467.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	N/A	
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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17	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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	X	

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? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	88		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	860		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
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?	8	N/A		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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.*

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		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?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

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

MADONNA FISHER - (641) ~~684-2315~~ 455-5260
101 SOUTH MARKET, SUITE 201, OTTUMWA, IA 52501

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

Check if Schedule O contains a response to any question in this Part VII [X]

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
TOM LAZIO CHAIRMAN	1.00	X		X				0.	0.	0.
BONNY ELLISON VICE CHAIR	1.00	X		X				0.	0.	0.
JOHN WEBBER SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
DIANNE HAAS DIRECTOR	1.00	X						0.	0.	0.
JEFF HENDRED DIRECTOR	1.00	X						0.	0.	0.
ELDON HUNSICKER DIRECTOR	1.00	X						0.	0.	0.
BYRON LEU DIRECTOR	1.00	X						0.	0.	0.
TOM SIEMERS CEO THROUGH 4/30/10	38.00	X		X				119,443.	0.	16,742.
DR. TED HAAS CHAIRMAN THROUGH 4/30/10	1.00	X		X				0.	0.	0.
DR. STEVE ELLISON SECRETARY/TREASURER THROUGH 4/30/10	1.00	X		X				0.	0.	0.
DR. MARC HINES MEDICAL STAFF PRESIDENT THROUGH 4/30	1.00	X		X				0.	0.	0.
DOUG MATHIAS DIRECTOR THROUGH 4/30/10	1.00	X						0.	0.	0.
DR. DAVID WITTE DIRECTOR THROUGH 4/30/10	1.00	X						0.	0.	0.
PAM WARD DIRECTOR THROUGH 4/30/10	1.00	X						0.	0.	0.
CHERYLL JONES DIRECTOR THROUGH 4/30/10	5.00	X						5,280.	0.	404.
R. BRADLEY LITTLE PRESIDENT/CEO	40.00			X				5,770.	0.	1,183.
DAN PORTER CFO THROUGH 4/30/10	38.00			X				92,459.	0.	14,905.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
MADONNA FISHER ASSISTANT TREASURER THROUGH 4/30/10	40.00			X				46,372.	0.	5,682.
BETH DAVIS ASSISTANT SECRETARY THROUGH 4/30/10	40.00			X				22,222.	0.	3,410.
CAROL NORTHUP CNO THROUGH 4/30/10	40.00			X				63,059.	0.	8,136.
EDWARD B ORTELL, MD PHYSICIAN	40.00				X			292,392.	0.	21,908.
MARK S O'BRIEN, MD PHYSICIAN	40.00				X			172,720.	0.	10,639.
1b Sub-total						▶		819,717.	0.	83,009.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		819,717.	0.	83,009.

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 ▶ 8

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
MCDERMOTT, WILL & EMERY, LLP PO BOX 2995, CAROL STREAM, IL 60132	LEGAL SERVICES	990,135.
COLLABORATIVE LABORATORY SERVICES, LLP 1005 PENNSYLVANIA AVE, OTTUMWA, IA 52501	LAB SERVICES	289,673.
ADVANTAGE COMPANIES 1035 33RD AVE SW, CEDAR RAPIDS, IA 52404	SCANNING SERVICES	248,793.
KAUFMAN, HALL & ASSOCIATES 5502 OLD ORCHARD ROAD, SKOKIE, IL 60077	CONSULTING SERVICES	179,866.
PHILIPS LIFELINE PO BOX 403109, ATLANTA, GA 30384	LIFELINE SYSTEM	158,886.

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 ▶ 7

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,072,109.				
	e Government grants (contributions)	1e	73,604.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	152,324.				
	g Noncash contributions included in lines 1a-1f: $						
	h Total. Add lines 1a-1f			1,298,037.			
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICE RE	621990		6,844,573.	6,844,573.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			6,844,573.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,022,001.			1022001.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents	27,437.	23,383.				
	b Less: rental expenses						
	c Rental income or (loss)	27,437.	23,383.				
	d Net rental income or (loss)			50,820.	23,383.		27,437.
	7a Gross amount from sales of assets other than inventory	(i) Securities 11615100	(ii) Other 87649401				
	b Less. cost or other basis and sales expenses	11987491	57768238				
	c Gain or (loss)	<372391.	29881163				
	d Net gain or (loss)			29508772.			29508772.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a NET JOINT VENTURE INCO	621990		305,365.	293,038.	12,327.	
	b SERVICES & SUPPLIES	621990		214,030.	214,030.		
	c CAFETERIA & DIETARY	722210		36,998.			36,998.
	d All other revenue	561000		36,847.	33,452.		3,395.
	e Total. Add lines 11a-11d			593,240.			
	12 Total revenue See instructions.			39317443.	7,408,476.	12,327.	30598603.

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	259,683.	156,536.	103,147.	
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	2,756,838.	2,419,399.	337,439.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,581.	66,581.		
9 Other employee benefits	13,426.		13,426.	
10 Payroll taxes	210,438.	186,559.	23,879.	
11 Fees for services (non-employees):				
a Management				
b Legal	665,050.		665,050.	
c Accounting	83,093.	28,855.	54,238.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,557.		20,557.	
g Other	1,131,875.	781,647.	313,103.	37,125.
12 Advertising and promotion	18,027.		18,027.	
13 Office expenses	1,084,053.	1,011,402.	72,651.	
14 Information technology				
15 Royalties				
16 Occupancy	275,461.	268,281.	7,180.	
17 Travel	50,866.	43,915.	6,951.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	159,006.	159,006.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	379,958.	344,308.	35,650.	
23 Insurance	360,466.	360,466.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a BAD DEBT EXPENSE	673,563.	673,563.		
b EDUCATION & TRAINING	22,221.	20,862.	1,359.	
c DUES AND SUBSCRIPTIONS	18,431.	8,224.	10,207.	
d LICENSES	1,335.	1,201.	134.	
e SALES TAX	535.	535.		
f All other expenses	23,103.	14,127.	8,976.	
25 **Total functional expenses.** Add lines 1 through 24f	8,274,566.	6,545,467.	1,691,974.	37,125.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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	7,553,751.	1	34,833,090.
	2	Savings and temporary cash investments	7,474,423.	2	18,544,939.
	3	Pledges and grants receivable, net		3	93,328.
	4	Accounts receivable, net	8,279,772.	4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	476,364.	7	
	8	Inventories for sale or use	1,972,243.	8	
	9	Prepaid expenses and deferred charges	361,975.	9	906.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b	28,472,838.	10c	
	11	Investments - publicly traded securities	26,148,952.	11	24,923,560.
	12	Investments - other securities. See Part IV, line 11	14,357.	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,582,926.	15	91,620.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	99,337,601.	16	78,487,443.
Liabilities	17	Accounts payable and accrued expenses	8,792,899.	17	2,077,436.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	35,805,000.	20	
	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	1,693,552.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,535,283.	25	0.
	26	**Total liabilities.** Add lines 17 through 25	49,826,734.	26	2,077,436.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	43,316,521.	27	70,961,579.
	28	Temporarily restricted net assets	2,173,689.	28	1,417,518.
	29	Permanently restricted net assets	4,020,657.	29	4,030,910.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	49,510,867.	33	76,410,007.
	34	Total liabilities and net assets/fund balances	99,337,601.	34	78,487,443.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ... X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,317,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,274,566.
3	Revenue less expenses Subtract line 2 from line 1	3	31,042,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,510,867.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<4,143,737.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	76,410,007.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ... X

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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 separate basis, consolidated 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
OTTUMWA REGIONAL LEGACY FOUNDATION, INC. FKA OTTUMWA REGIONAL HEALTH CENTER, INC.	42-0681060

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?

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	301,192.	1866175.	702,577.	308,536.	1298037.	4476517.
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	75641002.	79016747.	80242052.	82507161.	7385093.	324792055
3 Gross receipts from activities that are not an unrelated trade or business under section 513	473,502.	539,709.	564,439.	498,733.	40,393.	2116776.
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	76415696.	81422631.	81509068.	83314430.	8723523.	331385348
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						331385348

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	76415696.	81422631.	81509068.	83314430.	8723523.	331385348
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2402229.	2607525.	1663337.	1368916.	1072821.	9114828.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	15,082.	51,039.	28,190.	39,169.	12,327.	145,807.
c Add lines 10a and 10b	2417311.	2658564.	1691527.	1408085.	1085148.	9260635.
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)	78833007.	84081195.	83200595.	84722515.	9808671.	340645983

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 2010 (line 8, column (f) divided by line 13, column (f))	15	97.28 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	2.72 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

OTTUMWA REGIONAL HEALTH CENTER, INC. (ORHC) OPERATED A HOSPITAL IN OTTUMWA, IOWA THROUGH APRIL 30, 2010. ON MAY 1, 2010, ALL OF THE ASSETS OF THE ORGANIZATION WERE SOLD TO A FOR-PROFIT CORPORATION.

ON THE SALE DATE, THE RESTATED ARTICLES OF INCORPORATION WAS FILED WITH THE IOWA SECRETARY OF STATE AND THE REVISED BYLAWS WERE ADOPTED BY THE BOARD OF DIRECTORS. THE RESTATED ARTICLES PROVIDE FOR THE NAME CHANGE FROM OTTUMWA REGIONAL HEALTH CENTER, INC. TO OTTUMWA REGIONAL LEGACY FOUNDATION, INC. SINCE MAY 1, 2010, LEGACY FOUNDATION HAS CONTINUED TO OPERATE AS A TAX-EXEMPT CHARITABLE ENTITY UNDER SECTION 501(C)(3). THE NEW MISSION OF LEGACY FOUNDATION IS TO IMPROVE THE HEALTH, EDUCATION, AND VITALITY OF THE OTTUMWA AREA.

THROUGH A REQUEST FOR DETERMINATION AS TO FOUNDATION STATUS, LEGACY FOUNDATION IS SEEKING TO CHANGE ITS FOUNDATION STATUS FROM CLASSIFICATION AS A HOSPITAL UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(III) TO CLASSIFICATION AS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(2). THE SCHEDULE A HAS BEEN PREPARED TO REFLECT THE OPERATIONS OF THE ORGANIZATION SINCE MAY 1, 2010.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
OTTUMWA REGIONAL LEGACY FOUNDATION, INC. FKA OTTUMWA REGIONAL HEALTH CENTER, INC.	42-0681060

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $ _____
3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____
3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $ _____
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,749.	
c Total lobbying expenditures (add lines 1a and 1b)	1,749.	
d Other exempt purpose expenditures	8,272,817.	
e Total exempt purpose expenditures (add lines 1c and 1d)	8,274,566.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	563,728.	
g Grassroots nontaxable amount (enter 25% of line 1f)	140,932.	
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	563,728.	3,563,728.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,345,592.
c Total lobbying expenditures	20,670.	20,142.	20,992.	1,749.	63,553.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	140,932.	890,932.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,336,398.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV **Supplemental Information**

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

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

2010

Open to Public Inspection

Name of the organization OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number 42-0681060

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

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

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

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

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

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

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

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if 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	5,003,577.	4,172,386.	3,983,318.		
b Contributions	10,054.	93,971.	323,821.		
c Net investment earnings, gains, and losses	436,045.	819,934.	<47,403.>		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,418,274.	81,224.	85,450.		
f Administrative expenses	492.	1,490.	1,900.		
g End of year balance	4,030,910.	5,003,577.	4,172,386.		

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

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

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

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

Part VI 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶		

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

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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 ENDOWMENTS ARE HELD IN TRUST IN PERPETUITY OF WHICH THE INCOME IS EXPENDABLE TO SUPPORT VARIOUS CAUSES OF THE FOUNDATION.

PART X, LINE 2: THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION HAS RECEIVED A DETERMINATION LETTER THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

Part XIV Supplemental Information *(continued)*

INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN TAX-EXEMPT STATUS. IN GENERAL, SUCH STANDARDS REQUIRE THE FOUNDATION TO MEET A COMMUNITY BENEFIT STANDARD AND COMPLY WITH VARIOUS LAWS AND REGULATIONS.

THE FOUNDATION ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING THE GUIDANCE INCLUDED IN FASB ASC TOPIC 740, INCOME TAXES. THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. AT MARCH 31, 2011, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS ACCRUED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number: 42-0681060

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

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

- a [X] Mail solicitations
- b [ ] Internet and email solicitations
- c [ ] Phone solicitations
- d [X] In-person solicitations
- e [ ] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [ ] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
THOMPSON AND ASSOCIATES - 229 WARD CIRCLE, #A23, BRENTWOOD,	PLANNED GIVING THROUGH ESTATE		X	0.	37,125.	<37,125.>
Total ▶					37,125.	<37,125.>

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

IA

SEE PART IV FOR CONTINUATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THOMPSON AND ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 229 WARD CIRCLE, #A23, BRENTWOOD, TN 37027

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number 42-0681060

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care. ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
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?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			52,994.	0.	52,994.	.70%
b Unreimbursed Medicaid (from Worksheet 3, column a)			1044736.	768,523.	276,213.	3.63%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						.00%
d **Total** Financial Assistance and Means-Tested Government Programs			1097730.	768,523.	329,207.	4.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j			1097730.	768,523.	329,207.	4.33%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense (at cost)	2	360,325.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	90,081.		
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 a portion of bad debt amounts as community benefit.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,647,195.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,763,295.
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	<116,100.>
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	Did the organization have a written debt collection policy during the tax year?	9a	X		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b			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 SOUTHEAST IOWA RADIATION ONCOLOGY, LLC	RADIATION THERAPY	50.00%	.00%	50.00%
2 COLLABORATIVE LABORATORY SERVICES, LLC	LAB SERVICES	80.00%	.00%	20.00%

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 OTTUMWA REGIONAL HEALTH CENTER, INC. 1001 PENNSYLVANIA AVENUE OTTUMWA, IA 52501	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: NOT REQUIRED

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply).			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %			

Part V Facility Information *(continued)* NOT REQUIRED

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	☐ Income level			
b	☐ Asset level			
c	☐ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☐ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply).			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			
Billing and Collections				
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a	☐ Notified patients of the financial assistance policy on admission			
b	☐ Notified patients of the financial assistance policy prior to discharge			
c	☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e	☐ Other (describe in Part VI)			

Part V Facility Information *(continued)* NOT REQUIRED

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21		

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6f, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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

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

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

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

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

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

PART I, LINE 3C: FEDERAL POVERTY GUIDELINES WERE USED TO DETERMINE ELIGIBILITY FOR PROVIDING FREE AND DISCOUNTED CARE TO LOW INCOME INDIVIDUALS.

PART I, LINE 6A: OTTUMWA REGIONAL HEALTH CENTER, INC.'S COMMUNITY BENEFIT REPORT WAS NOT PREPARED BY A RELATED ORGANIZATION.

PART I, LINE 7, COLUMN (F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 673563.

PART II: N/A

PART III, LINE 4: THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT CONTAIN A SPECIFIC FOOTNOTE DESCRIBING BAD DEBT.

THE OVERALL COST-TO-CHARGE RATIO WAS USED TO ESTIMATE BAD DEBT AT COST.

PART III, SECTION A, LINE 2 WAS CALCULATED AS FOLLOWS:

[(OPERATING EXPENSES - BAD DEBT) / (GROSS PATIENT SERVICE REVENUE + OTHER

Part VI | Supplemental Information

REVENUE)] X BAD DEBT.

[(8,274,566 - 673,563) / 13,714,907 + 493,810] X 673,563 = 360,325.

ALL INFORMATION IS FROM THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8: THE SHORTFALL REPRESENTS ACTUAL UNREIMBURSED COSTS INCURRED BY OTTUMWA REGIONAL HEALTH CENTER, INC. IN PROVIDING SERVICES TO INDIVIDUALS ELIGIBLE FOR MEDICARE. THE COMMUNITY BENEFITS BECAUSE THE HOSPITAL APPLIES OTHER REVENUES TO COVER THE COSTS OF CARING FOR MEDICARE PATIENTS.

"MEDICARE ALLOWABLE COSTS OF CARE" WAS CALCULATED FROM INFORMATION IN THE MEDICARE COST REPORT, D, E, H AND M WORKSHEETS, OR PS&R.

PART III, LINE 9B: EACH ENCOUNTER IS REVIEWED AND PATIENTS WHO HAVE HAD FINANCIAL ASSISTANCE WITHIN THE PAST SIX MONTHS DO NOT HAVE TO REAPPLY.

PART V, SECTION A: ALL FACILITY INFORMATION IS ADEQUATELY ADDRESSED IN PART V.

PART VI, LINE 2: A COMMUNITY NEEDS ASSESSMENT WAS PERFORMED EVERY 2 YEARS.

AN EXTERNAL CONSULTANT WAS HIRED TO PERFORM THIS FUNCTION. THEY OBTAINED THE RESULTS THROUGH A SERIES OF INTERVIEWS AND FOCUS GROUPS WITH KEY INVIDUALS IN THE COMMUNITY.

PART VI, LINE 3: OTTUMWA REGIONAL HEALTH CENTER, INC. EMPLOYED A FINANCIAL ASSISTANCE COUNSELOR TO ASSIST PATIENTS WITH ELIGIBILITY FOR

VARIOUS PROGRAMS, AND TO HELP DETERMINE IF A PATIENT WAS ELIGIBLE UNDER THE CHARITY CARE POLICY.

PATIENTS WERE MADE AWARE THROUGH A PATIENT ACCOUNT BROCHURE, USUALLY OBTAINED AT ADMISSION.

PART VI, LINE 4: WAPELLO COUNTY AND SEVEN SURROUNDING COUNTIES.

PART VI, LINE 5: N/A

PART VI, LINE 6: THE AFFILIATED HEALTH CARE SYSTEM INCLUDED THESE ORGANIZATIONS:
OTTUMWA REGIONAL HEALTH CENTER, INC. (ORHC) - OWNED AND OPERATED A HOSPITAL.
OTTUMWA REGIONAL HEALTH CARE FOUNDATION, INC. (ORHF) - SUPPORTED THE HOSPITAL BY FUND RAISING.
REGIONAL RETIREMENT LIVING, INC. (RRL) - OPERATED A RESIDENTIAL FACILITY FOR THE ELDERLY.
COLLABORATIVE LABORATORY SERVICES, LLC (CLS)- OPERATED THE ONLY LABORATORY IN THE GEOGRAPHIC AREA.

ON APRIL 30, 2010, REGIONAL CARE HOSPITAL PARTNERS-OTTUMWA, INC. AND REGIONAL CARE HOSPITAL PARTNERS, INC., BOTH DELAWARE CORPORATIONS PURCHASED THE ASSETS OF ORHC AND RRL. CLS WAS INCLUDED AS A PURCHASED ASSET IN THE AGREEMENT AND ORLF WAS MERGED INTO THE FOUNDATION THAT RESULTED FROM THIS TRANSACTION.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

Part VI Supplemental Information

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

2010

Open to Public Inspection

Name of the organization: OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number: 42-0681060

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 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? 5a		X
b	Any related organization? 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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

For each individual whose compensation must be reported 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				
1 EDWARD B ORTELL, MD	(i)	292,392.	0.	0.	8,750.	13,158.	314,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARK S O'BRIEN, MD	(i)	172,720.	0.	0.	0.	10,639.	183,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: OTTUMWA REGIONAL LEGACY FOUNDATION, INC. FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number: 42-0681060

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule L (Form 990 or 990-EZ) 2010**

032131 12-21-10

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
JOHN WEBBER	BOARD MEMBER	148,077.	JOHN WEBBER		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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

(A) NAME OF PERSON: JOHN WEBBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 148,077.

(D) DESCRIPTION OF TRANSACTION: JOHN WEBBER PROVIDED LEGAL SERVICES TO THE ORGANIZATION IN PREPARATION FOR THE SALE OF ITS' ASSETS ON APRIL 30, 2010. AFTER THE SALE TRANSACTION, JOHN WEBBER BECAME A BOARD MEMBER OF OTTUMWA REGIONAL LEGACY FOUNDATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number: 42-0681060

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization.		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

Part I **Liquidation, Termination, or Dissolution** *(continued)*

		Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.		
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	
b	If "Yes," did the organization provide such notice?	4b	
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b	
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III.		

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36 Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
ALL TANGIBLE AND PERSONAL PROPERTY HELD BY OTTUMWA REGIONAL HEALTH CENTER, INC WAS SOLD ON APRIL 30,	04/30/10	87,649,401.	COMPARABLE SALES	27-0470646	REGIONALCARE HOSPITAL PARTNERS 103 CONTINENTAL PLACE, STE 2 BRENTWOOD, TN 37027	CORPORATION

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b X	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2E:

TOM LAZIO, CHAIRMAN EFFECTIVE 5/1/10

ELDON HUNSICKER, DIRECTOR

TED HAAS, CHAIRMAN THROUGH 4/30/10

STEVE ELLISON, VICE CHAIR

MARC HINES, MEDICAL STAFF PRESIDENT

PAM WARD, DIRECTOR

CHERYLL JONES, DIRECTOR

PART II, LINE 2E:

TOM SIEMERS, CEO

DAN PORTER, CFO

CAROL NORTHUP, CNO

PART II, LINE 2E: THE ABOVE DIRECTORS CONTINUED TO BE ON THE HOSPITAL BOARD OF DIRECTORS AFTER THE ASSET SALE. THE ROLES AND RESPONSIBILITIES CHANGED SIGNIFICANTLY. AFTER THE SALE, THEIR ROLE IS THAT OF AN ADVISORY BOARD.

PART II, LINE 2E: THE ABOVE OFFICERS BECAME EMPLOYEES OF REGIONAL CARE HEALTH PARTNERS CORPORATE OFFICE. AS A PART OF THE ASSET PURCHASE AGREEMENT, ALL OTHER EMPLOYEES BECAME EMPLOYEES OF RCHP-OTTUMWA, INC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
OTTUMWA REGIONAL LEGACY FOUNDATION, INC. FKA OTTUMWA REGIONAL HEALTH CENTER, INC.	42-0681060

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

ON MAY 1, 2010 THE HOSPITAL SOLD THE MAJORITY OF ITS ASSETS, INCLUDING THE ASSETS OF RELATED ENTITIES, REGIONAL ENTERPRISES AND REGIONAL RETIREMENT LIVING. THE NAME OF THE ORGANIZATION WAS CHANGED TO OTTUMWA REGIONAL LEGACY FOUNDATION, INC AND ITS BYLAWS WERE RESTATED. THE OTTUMWA REGIONAL HEALTH FOUNDATION WAS ALSO MERGED INTO THE LEGACY FOUNDATION ON AUGUST 31, 2010. SINCE MAY 1, 2010, LEGACY FOUNDATION HAS CONTINUED TO OPERATE AS A TAX-EXEMPT CHARITABLE ENTITY UNDER SECION 501(C)(3) WHILE FULLFILLING ITS NEW MISSION OF HELPING OTTUMWA BECOME A MORE PROSPEROUS, GROWING AND THRIVING COMMUNITY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION NO LONGER OPERATES A HOSPITAL. ON APRIL 30, 2010, OTTUMWA REGIONAL HEALTH CENTER AND ITS RELATED ORGANIZATIONS, REGIONAL RETIREMENT LIVING AND REGIONAL ENTERPRISES ENTERED INTO AN ASSET PURCHASE AGREEMENT AS SELLERS WITH RCHP-OTTUMWA, INC. AND REGIONAL CARE HOSPITAL PARTNERS, INC. (RCHP), THE BUYERS.

SIMULTANEOUSLY WITH THE AGREEMENT, THE ARTICLES AND BYLAWS OF OTTUMWA REGIONAL HEALTH CENTER, INC. WERE RESTATED. AS OF MAY 1, 2010, THE CORPORATION NAME WAS CHANGED TO OTTUMWA REGIONAL LEGACY FOUNDATION, INC. (THE FOUNDATION). PROCEEDS FROM THE SALE ALONG WITH ANY REMAINING EXCLUDED ASSETS AND LIABILITIES WERE PLACED IN THE FOUNDATION. THE PURPOSE OF THE FOUNDATION INCLUDES THE PROMOTION AND IMPROVEMENT OF THE WELFARE OF THE GREATER OTTUMWA COMMUNITY THROUGH HEALTH, EDUCATION AND COMMUNITY PROJECTS. THE BYLAWS, AMONG OTHER THINGS, REQUIRES THE

FOUNDATION TO (A) MONITOR COMPLIANCE WITH AND ENFORCE THE TERMS, CONDITIONS AND COVENANTS OF THE AGREEMENT; (B) SATISFY FROM ITS UNRESTRICTED FUNDS THE LIABILITIES, CONTINGENT AND OTHERWISE, OF THE SELLERS ARISING IN RELATION TO THE AGREEMENT; (C) DISSOLVE AND WIND DOWN THE ACTIVITIES OF THE SELLERS SUBSIDIARY CORPORATE ENTITIES; AND (D) UTILIZE RESTRICTED AND UNRESTRICTED FUNDS FOR OTHER CHARITABLE PURPOSES CONSISTENT WITH THE FOUNDATION'S PURPOSES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES TO IMPROVE THE HEALTH AND EDUCATION OF THE COMMUNITY.
EXPENSES $ 5,047,835. INCLUDING GRANTS OF $ 0. REVENUE $ 4,505,927.

FORM 990, PART VI, SECTION A, LINE 4: OTTUMWA REGIONAL HEALTH CENTER, INC. (ORHC), OPERATED A HOSPITAL IN OTTUMWA, IOWA THROUGH APRIL 30, 2010. ON MAY 1, 2010, ALL OF THE ASSETS OF THE ORGANIZATION WERE SOLD TO A FOR-PROFIT CORPORATION.

ON THE SALE DATE, THE RESTATED ARTICLES OF INCORPORATION WERE FILED WITH THE IOWA SECRETARY OF STATE AND THE REVISED BYLAWS WERE ADOPTED BY THE BOARD OF DIRECTORS. THE RESTATED ARTICLES PROVIDE FOR THE NAME CHANGE FROM OTTUMWA REGIONAL HEALTH CENTER, INC. TO OTTUMWA REGIONAL LEGACY FOUNDATION, INC. SINCE MAY 1, 2010, LEGACY FOUNDATION HAS CONTINUED TO OPERATE AS A TAX-EXEMPT CHARITABLE ENTITY UNDER SECTION 501(C)(3). THE NEW MISSION OF LEGACY FOUNDATION IS TO IMPROVE THE HEALTH, EDUCATION, AND VITALITY OF THE OTTUMWA AREA.

FORM 990, PART VI, SECTION B, LINE 11: THE FORMS 990 AND 990T ALONG WITH

Name of the organization OTTUMWA REGIONAL LEGACY FOUNDATION, INC. FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number 42-0681060

THE RELATED SCHEDULES ARE REVIEWED AND APPROVED BY EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE THE FORMS ARE FILED. FURTHERMORE, THE FORMS 990 AND 990T ALONG WITH THE RELATED SCHEDULES ARE PRESENTED TO THE ORLF BOARD OF DIRECTORS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING AFTER THE FORMS ARE FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF ANY COMMITTEE WITH BOARD-DESIGNATED POWERS SHALL SIGN AN ANNUAL STATEMENT THAT THE PERSON HAS (A) RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) AGREES TO COMPLY WITH THE POLICY; (D) UNDERSTANDS THAT THE POLICY APPLIES TO COMMITTEES AND SUBCOMMITTEES; AND (E) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIMARILY IN EXEMPT ACTIVITIES.

THE CONFLICT OF INTEREST POLICY ALSO HAS PROVISIONS FOR DETERMINING WHETHER A CONFLICT EXISTS, ADDRESSING A CONFLICT OF INTEREST, AND ADDRESSING A PERCEIVED VIOLATION.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION UTILIZES PEER GROUP INFORMATION FROM OUTSIDE ORGANIZATIONS. BASE SALARY FOR THE CEO OF THE ORGANIZATION IS EVALUATED ANNUALLY. ANY ADJUSTMENTS ARE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 7, PART VII, SECTION A, LINE 1A

Name of the organization OTTUMWA REGIONAL LEGACY FOUNDATION, INC. FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number 42-0681060

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION

TOM SIEMERS, THE CEO THROUGH APRIL 30, 2010, DEVOTED AN AVERAGE OF 2 HOURS PER WEEK TO REGIONAL RETIREMENT LIVING, INC, A RELATED ORGANIZATION AT THAT TIME.

DAN PORTER, THE CFO THROUGH APRIL 30, 2010, DEVOTED AN AVERAGE OF 2 HOURS PER WEEK TO REGIONAL RETIREMENT LIVING, INC, A RELATED ORGANIZATION AT THAT TIME.

JOHN WEBBER, THE SECRETARY/TREASURER FOR THE OTTUMWA LEGACY FOUNDATION EFFECTIVE MAY 1, 2010, SERVED ON THE BOARD OF DIRECTORS FOR REGIONAL ENTERPRISES, INC, A RELATED COMPANY. HE DEVOTED APPROXIMATELY 1 HOUR PER WEEK BEFORE THE COMPANY WAS SOLD AND DISSOLVED ON APRIL 30, 2010.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

TRANSFERS FROM AFFILIATES	2,723,841.
CHANGE IN VALUE OF SWAP AGREEMENTS	-269,031.
CHANGE IN UNREALIZED GAIN - UNRESTRICTED	276,940.
CHANGE IN AUXILIARY ASSETS	-375,964.
CHANGE IN UNREALIZED GAIN - PERMANENTLY RESTRICTED	438,699.
TRANSFER UPON MERGER WITH OTTUMWA REGIONAL HEALTH FOUNDATION	3,226,132.
LOAN TO AFFILIATE FORGIVEN	-5,944,599.
CHANGE IN INTEREST IN FOUNDATION - TEMPORARILY RESTRICTED	-4,219,755.
TOTAL TO FORM 990, PART XI, LINE 5	-4,143,737.

FORM 990, PART XII, LINE 2C

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: OTTUMWA REGIONAL LEGACY FOUNDATION, INC.
FKA OTTUMWA REGIONAL HEALTH CENTER, INC.

Employer identification number: 42-0681060

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
OTTUMWA REGIONAL HEALTH FOUNDATION - 42-1271720, 1001 PENNSYLVANIA AVENUE, OTTUMWA, IA 52501	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	N/A	X	
REGIONAL RETIREMENT LIVING, INC. - 42-1326693, 1001 PENNSYLVANIA AVENUE, OTTUMWA, IA 52501	RETIREMENT COMMUNITY	IOWA	501(C)(3)	LINE 9	N/A	X	

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

Schedule R (Form 990) 2010

032161
12-21-10 LHA

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

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
REGIONAL ENTERPRISES, INC. - 42-1269387 1001 PENNSYLVANIA AVE. OTTUMWA, IA 52501	CHEMICAL DEPENDENCY UNIT	IA	N/A	C CORP	<171,151.>	0.	100%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r	X	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OTTUMWA REGIONAL HEALTH FOUNDATION, INC.	R	1,345,545.	
(2) OTTUMWA REGIONAL HEALTH FOUNDATION, INC.	C	1,072,109.	
(3) REGIONAL RETIREMENT LIVING, INC.	R	1,207,520.	
(4) REGIONAL ENTERPRISES, INC.	R	170,776.	
(5) REGIONAL RETIREMENT LIVING, INC.	A	20,633.	
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Ottumwa Regional Legacy Foundation, Inc. and Affiliate

Ottumwa, Iowa

Consolidated Financial Statements
March 31, 2011

Together with Independent Auditor's Report

Ottumwa Regional Legacy Foundation, Inc. and Affiliate

Table of Contents

SEIM JOHNSON

Independent Auditor's Report

To the Board of Directors of
Ottumwa Regional Legacy Foundation, Inc. and Affiliate
Ottumwa, Iowa:

We have audited the accompanying consolidated Statement of Financial Position of Ottumwa Regional Legacy Foundation, Inc. and Affiliate (the "Foundation") as of March 31, 2011, and the related consolidated statements of activities and changes in net assets, and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of March 31, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Seim Johnson, LLP

Omaha, Nebraska,
June 15, 2011.

Seim Johnson, LLP 18081 Burt Street, Suite 200 Omaha, NE 68022-4722 Tel: 402.330.2660 Fax: 402.330.5108 SeimJohnson.com

Ottumwa Regional Legacy Foundation, Inc. and Affiliate

Consolidated Statement of Financial Position
March 31, 2011

		2011
ASSETS:		
Cash and cash equivalents	$	41,790,136
Investments		27,155,145
Other receivables		185,856
Assets limited as to use -		
Held in escrow		3,001,251
Board designated investments for scholarships		552,496
Restricted assets		5,802,559
Total assets	$	78,487,443
LIABILITIES AND NET ASSETS:		
Liabilities:		
Accounts payable	$	4,128
Accrued benefits		66,027
Other accrued liabilities		654,388
Estimated third-party payor settlements		1,129,430
Agency funds payable		223,463
Total liabilities		2,077,436
Net assets:		
Unrestricted		70,961,579
Temporarily restricted		1,417,518
Permanently restricted		4,030,910
Total net assets		76,410,007
Total liabilities and net assets	$	78,487,443

See notes to consolidated financial statements

Ottumwa Regional Legacy Foundation, Inc. and Affiliate

Consolidated Statement of Activities and Changes in Net Assets
For the Year Ended March 31, 2011

	Unrestricted	Unrestricted Noncontrolling Interest	Temporarily Restricted	Permanently Restricted	2011
REVENUE, GAINS AND OTHER SUPPORT					
Investment income	$ 667,980	–	–	–	667,980
Change in net unrealized gains and losses, net	281,188	–	–	–	281,188
Change in value of income beneficiary trusts	–	–	–	386,217	386,217
Contributions	50,100	–	63,797	–	113,897
Other revenue	91,538	–	–	–	91,538
Net assets released from restrictions	1,122,500	–	(1,122,500)	–	–
Total revenue, gains and other support	2,213,306	–	(1,058,703)	386,217	1,540,820
EXPENSES.					
Labor	120,475	–	–	–	120,475
Professional fees	208,816	–	–	–	208,816
Supplies	14,285	–	–	–	14,285
Occupancy and other	211,423	–	–	–	211,423
Insurance	14,547	–	–	–	14,547
Depreciation	328	–	–	–	328
					–
Total expenses	569,874	–	–	–	569,874
NET REVENUE, GAINS AND OTHER SUPORT FROM CONTINUING OPERATIONS	1,643,432	–	(1,058,703)	386,217	970,946
DISCONTINUED OPERATIONS (Note 5)					
Gain on sale of discontinued components	34,900,027	(801,609)	–	–	34,098,418
Loss from operations of discontinued components	(2,125,027)	(1,959)	–	–	(2,126,986)
INCREASE (DECREASE) IN NET ASSETS	34,418,432	(803,568)	(1,058,703)	386,217	32,942,378
NET ASSETS, beginning of year	36,543,147	803,568	2,476,221	3,644,693	43,467,629
NET ASSETS, end of year	$ 70,961,579	–	1,417,518	4,030,910	76,410,007

See notes to consolidated financial statements

Ottumwa Regional Legacy Foundation, Inc. and Affiliate

Consolidated Statement of Cash Flows
For the Years Ended March 31, 2011

	2011
CASH FLOWS FROM OPERATING ACTIVITIES:	
Change in net assets	$ 32,942,378
Adjustments to reconcile the change in net assets to net cash provided by operating activities:	
Restricted gifts, grants and bequests	(63,797)
Depreciation	328
Gain on sale of discontinued components	(34,098,418)
Loss from operations of discontinued components	2,126,986
Change in net unrealized gains and losses	(281,188)
Change in value of income beneficiary trusts	(386,217)
(Increase) decrease in assets -	
Other receivables	(130,740)
Increase (decrease) in liabilities -	
Accounts payable	(27,051)
Accrued benefits	(60,748)
Other accrued liabilities	(153,765)
Estimated third-party payor settlements	(296,810)
Agency funds payable	(111)
Net cash used in operating activities - continuing operations	(429,153)
Net cash used in operating activities - discontinued operations	(1,041,704)
Net cash used in operating activities	(1,470,857)
CASH FLOWS FROM INVESTING ACTIVITIES:	
Deposits to investments, net	(3,558,719)
Withdrawals from assets limited as to use, net	1,886,456
Withdrawals from restricted assets, net	899,724
Net cash used in investing activities	(772,539)
CASH FLOWS FROM FINANCING ACTIVITIES:	
Proceeds from the sale of discontinued operations	86,906,643
Payments on long-term debt	(47,047,497)
Payoff of refundable resident entrance fees and deposits	(5,505,408)
Restricted gifts, grants and bequests	63,797
Net cash provided by financing activities	34,417,535
NET INCREASE IN CASH AND CASH EQUIVALENTS	32,174,139
CASH AND CASH EQUIVALENTS - Beginning of year	9,615,997
CASH AND CASH EQUIVALENTS - End of year	$ 41,790,136

See notes to consolidated financial statements

(1) Description of Organization and Summary of Significant Accounting Policies

The following is a description of the Organization and summary of significant accounting policies of Ottumwa Regional Legacy Foundation, Inc. and Affiliate ("the Foundation"). These policies are in accordance with accounting principles generally accepted in the United States of America.

A. Description of Organization

The consolidated financial statements include the accounts of Ottumwa Regional Legacy Foundation, Inc. (the "Foundation"). The Foundation was formerly known as Ottumwa Regional Health Center Inc. (Health Center). The Health Center had the following affiliated entities:

Ottumwa Regional Health Foundation, Inc. (ORHF)
Regional Enterprises, Inc. (RE)
Regional Retirement Living, Inc. (RRL)
Collaborative Laboratory Services, LLC (CLS)

On April 30, 2010, the Health Center, RRL, and RE (collectively, the Sellers) entered into an Asset Purchase Agreement (Agreement) with RCHP-Ottumwa, Inc. (Buyer) and Regional Care Hospital Partners, Inc. (RCHP) both Delaware corporations.

Simultaneously with the Agreement, the articles and bylaws of Ottumwa Regional Health Center, Inc. were restated. As of May 1, 2010, the corporation's name was changed to Ottumwa Regional Legacy Foundation, Inc. ("the Foundation"). Proceeds from the sale along with any remaining excluded assets and liabilities were placed in the Foundation. The purpose of the Foundation includes the promotion and improvement of the welfare of the greater Ottumwa community through health, education and community projects. The bylaws, among other things, requires the Foundation to (a) monitor compliance with and enforce the terms, conditions and covenants of the Agreement; (b) satisfy from its unrestricted funds the liabilities, contingent and otherwise, of the Sellers arising in relation to the Agreement; (c) dissolve and wind down the activities of the Sellers subsidiary corporate entities; and (d) utilize restricted and unrestricted funds for other charitable purposes consistent with the Foundation's purposes.

ORHF entered into a plan of merger with the Foundation effective September 1, 2010. RE entered into a plan of complete liquidation and dissolved effective May 31, 2010. CLS was included as a purchased asset in the Agreement. The net assets of RRL were included in the Agreement. RRL has no assets or liabilities at March 31, 2011 and has not been dissolved as of the audit date. Its operations prior to the Agreement are included with discontinued operations in the consolidated statement of activities. RRL's Board of Directors serve as an advisory Board for the Buyer. RRL is the only affiliate of the Foundation.

B. Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

C. Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less.

D. Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying balance sheets. The Foundation's securities have been classified as other than trading securities in the accompanying consolidated financial statements. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in net revenue, gains and other support. Periodically, the Foundation reviews its investments to determine whether any unrealized losses are other-than-temporary. During 2011 there were no investment declines determined to be other-than-temporary.

E. Assets Limited as to Use

Assets limited as to use include assets held under escrow agreements and designated assets set aside by the Board of Directors for scholarships, over which the Board retains control and may at its discretion subsequently use for other purposes.

F. Restricted Assets

Restricted assets include cash and cash equivalents, investments, and beneficial interest in perpetual trusts. The following details restricted assets by restriction or type:

	2011
Beneficial interest in perpetual trusts	$ 2,142,354
Endowment funds held in trust	1,888,556
Donor restricted funds	1,417,518
Agency funds payable	223,463
Charitable gift annuity	50,000
Other	80,668
	$ 5,802,559

G. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Foundation has been limited by donors to a specific time period or purpose. Permanently restricted net assets are assets held in trust in perpetuity, the income from which is expendable to support various causes of the Foundation.

H. Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires; that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

I. Worker's Compensation

Under the Asset Purchase Agreement, the Foundation is responsible for worker's compensation claims prior to May 1, 2010. The Foundation is partially self-insured under its employee worker's compensation program. Claim obligations, including estimates of the ultimate costs for reported claims is included with other accrued liabilities in the consolidated statement of financial position.

J. Estimated Third-Party Payor Settlements

Under the Asset Purchase Agreement, the Foundation is responsible for any liabilities and obligations arising under the terms of the Medicare, Medicaid, CHAMPUS/TRICARE, Blue Cross or other third payor programs, including, without limitation, in respect of any Cost Report or audit under Medicare's RAC program for periods ending April 30, 2010 and prior. Medicare Cost Reports have been audited by the Medicare Administrative Contractor through March 31, 2007. The Foundation has recognized a liability for unaudited Cost Reports and Medicare RAC program findings based on known claims and estimates of expected settlements.

K. Endowment Funds

The Foundation follows the provisions of FASB ASC Subtopic 958-205, *Endowments of Not-for-Profit Foundations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for all Endowment Funds* (FSP SFAS 117-1), including any changes required to net asset classification of donor-restricted endowment funds and the incremental disclosure requirements for all endowment funds (including both donor-restricted and board-designated endowment funds).

L. Income Taxes

The Foundation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code. The Foundation has received a determination letter that it is exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. The Internal Revenue Service has established standards to be met to maintain tax-exempt status. In general, such standards require the Foundation to meet a community benefit standard and comply with various laws and regulations.

The Foundation accounts for uncertainties in accounting for income tax assets and liabilities using the guidance included in FASB ASC Topic 740, *Income Taxes*. The Foundation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. At March 31, 2011, the Foundation had no uncertain tax positions accrued.

M. Fair Value Measurements and Fair Value of Financial Instruments

The Foundation applies the provisions included in ASC Topic 820 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The carrying value of all financial instruments approximates estimated fair value. Cash and cash equivalents, other receivables, accounts payable, and accrued expenses approximate fair value due to their short-term nature. Investments are stated at fair value as discussed above.

N. Subsequent Events

The Foundation considered events occurring through June 15, 2011 for recognition or disclosure in the consolidated financial statements as subsequent events. That date is the date the consolidated financial statements were available to be issued.

(2) Investments

Fair Value Measurements

ASC Topic 820 Subtopic 10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Foundation has the ability to access at the measurement date.

Level 2 Inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 Inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following methods and assumptions were used to estimate the fair value for each class of financial instrument measured at fair value:

Cash and Cash Equivalents and Accrued Interest

Money market funds included with cash and cash equivalents are recorded at fair value using quoted market prices.

Fixed Income Securities

Investments in fixed income securities are comprised of certificates of deposit, U.S. government agency obligations, and corporate bonds and notes. U.S. government agency obligations are classified as Level 1 if they trade with sufficient frequency and volume to enable the Foundation to obtain pricing information on an ongoing basis. The remaining fixed income securities are classified as Level 2 based on multiple sources of information, which may include market data and/or quoted market prices from either markets that are not active or are for the same or similar assets in active markets.

Equity Securities and Mutual Funds

The fair value of equity securities and mutual funds is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Beneficial Interest in Perpetual Trusts

The Foundation's interest in perpetual trusts administered by third parties are classified as Level 3 as the fair values are based on a combination of Level 2 inputs (interest rates and yield curves) and significant unobservable inputs (entity specific estimates of cash flows). Since the Foundation has an irrevocable right to receive the income earned from the trust's assets, the fair value of the Foundation's beneficial interest is estimated to approximate the fair value of the trusts' assets.

Fair Value on a Recurring Basis

The following table presents the balances of assets and liabilities measured at fair value on a recurring basis:

	March 31, 2011			
	Total	Level 1	Level 2	Level 3
Investments -				
Cash and cash equivalents	$ 605,374	605,374	–	–
Certificates of deposit	425,000	–	425,000	–
US government agency obligations	1,880,833	1,880,833	–	–
Corporate bonds and notes	20,651,161	–	20,651,161	–
Mutual funds -				
Growth	941,856	941,856	–	–
Blended	892,904	892,904	–	–
Fixed Income	421,984	421,984	–	–
Foreign bonds	976,620	–	976,620	–
Other	2,637	2,637	–	–
Accrued interest	356,776	356,776	–	–
	27,155,145	5,102,364	22,052,781	–
Held in escrow -				
Cash and cash equivalents	3,001,251	3,001,251	–	–
Board designated investments for scholarships -				
Cash and cash equivalents	552,496	552,496	–	–
Restricted assets -				
Cash and cash equivalents	245,761	245,761	–	–
Corporate bonds and notes	1,257,967	–	1,257,967	–
Mutual funds -				
Growth	722,360	722,360	–	–
Blended	835,520	835,520	–	–
Value	566,992	566,992	–	–
Interest in perpetual trusts	2,142,354	–	–	2,142,354
Accrued interest	31,605	31,605	–	–
	5,802,559	2,402,238	1,257,967	2,142,354
	$ 36,511,451	11,058,349	23,310,748	2,142,354

Investment return for the year ended March 31, 2011 is summarized as follows:

	2011
Interest and dividends	$ 1,066,296
Investment management fees	(21,025)
Net realized gains (losses)	(371,278)
Changes in unrealized gains (losses)	281,188
Total investment income	$ 955,181
Included in unrestricted investment income	$ 673,993
Reported separately as an increase (decrease) in unrestricted net assets	281,188
Total investment return	$ 955,181

The following table presents the Foundation's activity for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended March 31, 2011:

Balance at March 31, 2010	$ 1,946,112
Total change in value in beneficial interest in trusts recorded as change in value of income beneficiary trusts in permanent restricted net assets	196,242
Balance at March 31, 2011	$ 2,142,354

(3) Agency Funds

The Foundation holds and controls assets provided by a third-party donor. These assets were provided for the express purpose of assisting in the study of clinical diagnostic medicine. The Foundation has thereby incurred a liability under an agency relationship to return all funds and income earned thereon or to disburse them to another party at the request of the donor's designated representative. These assets and the related liability have been reflected in the accompanying consolidated statement of financial position. All income earned on these assets increases the liability and has been excluded from the accompanying consolidated statements of activities and changes in net assets.

(4) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for pastoral care, palliative care, and community projects.

Permanently restricted net assets are assets held in trust in perpetuity, the income from which is expendable to support various causes of the Foundation.

	2011
Endowment funds held in Trust	$ 1,888,556
Beneficial interest in perpetual trusts	2,142,354
	$ 4,030,910

The Foundation is an income beneficiary of several perpetual trusts controlled by unrelated third-party trustees. The beneficial interests in the assets of the trusts are included in the Foundation's consolidated financial statements as permanently restricted net assets. Income is distributed in accordance with the trust documents.

(5) Discontinued Operations

On May 1, 2010, as noted in Note 1, the Health Center, RRL and RE (collectively, the sellers) entered into an Asset Purchase Agreement (Agreement) with RCHP-Ottumwa, Inc. (Buyer) and Regional Care Hospital Partners, Inc. (RCHP). Essentially all property of the Sellers was sold, assigned, conveyed, transferred and delivered to the Buyer on April 30, 2010. Excluded assets included cash, short-term investment, assets limited as to use, investments, restricted assets and interest rate swaps. Liabilities assumed included current vendor and employee obligations, refundable resident entrance fees and deposits and deferred revenue from entrance fees. The Agreement contains numerous covenants of the Buyer and Sellers. RCHP guaranteed the performance and observance of the Buyer for all obligations and covenants in the Agreement. The total purchase price paid by the Buyer was approximately $86,443,000. The following summarizes the closing statement:

Amounts paid on behalf of Sellers -	
Bond Trustee to redeem outstanding debt -	
Amounts owed JP Morgan Chase Bank, N.A. for the Direct Pay Letters of Credit supporting -	
Series 2006 Bonds	$ 15,755,514
Series 2004 Bonds	15,457,119
Series 1998A and 1998B Bonds (RRL)	8,220,942
Other notes payable and lease obligations	3,137,950
Swap termination payments	1,739,000
Other	102,638
	44,413,163
Amounts placed in escrow for potential obligations of the Sellers	3,000,000
Amount needed to fund RRL entrance deposits	5,445,958
Other	29,488
Cash to Sellers	33,554,391
	$ 86,443,000

Amounts held in escrow will be released in equal amounts of $1,000,000 on the anniversary of the Agreement net of any obligations owed to the sellers.

Monies included with bond trust fund investments were used by the Bond Trustee along with the proceeds above to redeem and cancel the Series 2006 and 2004 Bonds and place in escrow a sufficient amount to redeem and cancel the Series 1998A and 1998B Bonds on June 1, 2010 and August 15, 2010, respectively.

The following summarizes the gain recorded on the sale of the discontinued components –

Purchase price per closing statement	$ 86,443,000
Additional Settlements	650,000
	87,093,000
Less closing costs	(187,000)
Net proceeds	86,906,000
Assets and liabilities purchased	(52,808,000)
	$ 34,098,000

Operations of the Health Center, RRL and RE from April 1, 2010 through April 30, 2010 are included with discontinued operations in the accompanying consolidated statements of activities and changes in net assets. The following summarizes the loss from operations of discontinued components:

Total revenue	$ 8,147,740
Expenses -	
Salaries and wages	3,322,130
Employer benefits	186,067
Professional fees	1,538,416
Supplies and other	1,895,773
Interest	139,209
Insurance	364,254
Depreciation	517,820
Provision for bad debts	676,672
	8,640,341
Operating loss	(492,601)
Nonoperating gains (losses) -	
Loss on early termination of debt	(1,601,605)
Other	(32,780)
	(1,634,385)
Loss from operations of discontinued components	$ (2,126,986)

The results of activities for these services were reported within discontinued operations in the accompanying consolidated statement of activities.

(6) Concentration of Credit Risk

The Foundation has investments that are invested in marketable securities and mutual funds. The value of these investments are determined by market value and are not insured or collateralized.

(7) Commitments and Contingencies

Litigation

The Foundation is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Foundation's future financial position or results from activities.

(8) Functional Expenses

The Foundation solicits, receives, distributes, and maintains funds for the promotion and improvement of the welfare of the greater Ottumwa community through health, education, and community projects. Expenses included in the statement of activities relate to the provision of these services.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

o If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]

o 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

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.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions	OTTUMWA REGIONAL HEALTH CENTER, INC.	42-0681060
	Number, street, and room or suite no. If a P.O. box, see instructions. 1001 PENNSYLVANIA AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OTTUMWA, IA 52501	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MADONNA FISHER 101 S Market Suite 201

o The books are in the care of ▶ ~~1001 PENNSYLVANIA~~ AVENUE - OTTUMWA, IA 52501

Telephone No. ▶ (641) ~~684-2315~~ 455-5260 FAX No. ▶

o If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]

o 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for.

▶ [ ] calendar year _____ or

▶ [X] tax year beginning APR 1, 2010, and ending MAR 31, 2011

2 If the tax year entered in line 1 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	$	0.
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	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

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 Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2011)

023841
01-03-11

E 8/12/11
D/T 8-12-11 EF

- 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	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	OTTUMWA REGIONAL HEALTH CENTER, INC.	42-0681060
	Number, street, and room or suite no. If a P.O. box, see instructions. 1001 PENNSYLVANIA AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. OTTUMWA, IA 52501	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

MADONNA FISHER 101 S. Market Suite 201

- The books are in the care of ▶ ~~1001 PENNSYLVANIA AVENUE~~ - OTTUMWA, IA 52501

Telephone No. ▶ (641) ~~684-2315~~ 455-5200 FAX No. ▶

- 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 FEBRUARY 15, 2012.

5 For calendar year _____, or other tax year beginning APR 1, 2010, and ending MAR 31, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

ALL OF THE INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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	$	0.
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	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

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 ▶ Barbara J. Fagan Title ▶ CPA Date ▶ 11-14-11