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2010

Open to Public  
Inspection

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

## A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
CHRISTIAN UNITY HOSPITAL CORPORATIONDoing Business As  
Unity Medical CenterNumber and street (or P O box if mail is not delivered to street address)  
164 WEST 13TH STREETD Employer identification number  
45-0310159E Telephone number  
(701) 352-1620

G Gross receipts \$ 8,208,420

F Name and address of principal officer  
Everett Butler  
164 WEST 13TH STREET  
GRAFTON, ND 58257H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.unitymedcenter.com

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1970

M State of legal domicile ND

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
Unity Medical Center provides access to quality health care for the region

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	10
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	9
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	118
6 Total number of volunteers (estimate if necessary) . . . . .	6	36
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	653,890	484,561
9 Program service revenue (Part VIII, line 2g) . . . . .	7,248,974	7,715,484
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	2,119	63
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	7,580	8,312
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	7,912,563	8,208,420

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	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) . . . . .	4,507,096	4,535,264
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	3,145,838	3,858,777
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	7,652,934	8,394,041
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	259,629	-185,621

Beginning of Current Year		End of Year
20 Total assets (Part X, line 16) . . . . .	5,796,579	5,218,680
21 Total liabilities (Part X, line 26) . . . . .	3,602,665	3,210,387
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	2,193,914	2,008,293

## 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 Everett Butler CEO Type or print name and title	2012-05-09 Date
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Paid Preparer Use Only	Print/Type preparer's name LISA CHAFFEE CPA	Preparer's signature LISA CHAFFEE CPA	Date 2012-05-09	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► EIDE BAILLY LLP	Firm's EIN ►			
	Firm's address ► 4310 17TH AVE S PO BOX 2545 FARGO, ND 581082545	Phone no ► (701) 239-8500			

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

### **Part III Statement of Program Service Accomplishments**

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

Y describe the organization's mission

Unity Medical Center provides access to quality health care for the region.

Did the organization undertake any significant program services during the year which were not listed on the Prior Form 990 or 990-EZ? \_\_\_\_\_

If "Yes," describe these new services on Schedule C

Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

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

Yes  No

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 \$ 7,413,652 including grants of \$ ) (Revenue \$ 7,715,484

Unity Medical Center is a 17 bed healthcare facility, which provides state-of-the-art emergency care, acute care services, outpatient services and clinical medical services to the residents of Grafton, North Dakota and surrounding communities. The facility provides outreach services such as physical therapy, respiratory therapy, and flu vaccination clinics to other employers in the area as well. For the fiscal year ended June 30, 2011 the medical center provided as part of its mission 873 acute days, 755 swing bed days, and 12,941 clinic visits. For fiscal year 2011, the amount of charity care based on the amount of charges foregone, based on established rates, was \$65,697.

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

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

**4e Total program service expenses**

7.413.652

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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.
- 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.
- 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.
- 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.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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

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 U.S.? If "Yes," complete Schedule F, Parts II and IV

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 U.S.? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	118
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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 lines 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

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1a	10
1b	9

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

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

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

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 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

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 . . . . .

b Other officers or key employees of the organization . . . . .

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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13		No
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

Rachel Ray CFO  
164 West 13th Street  
Grafton, ND 58237  
(701) 352-9365

**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 
**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, and **current** key employees. 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	Office	Key Employee	Highest Employee compensated			
(1) Keith Zikmund President	1 00	X		X			0	0	0
(2) Jo Petersen Vice President	1 00	X		X			0	0	0
(3) JoAnn Lizakowski Secretary/Treasurer	1 00	X		X			0	0	0
(4) Dale Martinson Board Member	1 00	X					0	0	0
(5) Susan Geiger Board Member	1 00	X					0	0	0
(6) Vicki Ham Board Member	1 00	X					0	0	0
(7) Father Timothy Schroeder Board Member	1 00	X					0	0	0
(8) Mark Presteng Board Member	1 00	X					0	0	0
(9) Keith Bjorneby Board Member	1 00	X					0	0	0
(10) Dr Linda Fillipi Physician/Medical Staff Pr	41 00	X					180,367	0	4,645
(11) Everett Butler CEO	40 00			X			143,079	0	4,645
(12) Rachel Ray CFO	40 00			X			51,724	0	4,801
(13) Dr Abdul Hafeez Physician	40 00				X		237,902	0	12,120
(14) Dr Joshua Omotunde MD	40 00				X		263,050	0	12,242
(15) Dr Anthony Kotnik MD	40 00				X		181,042	0	12,120

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

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 **5**

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DMS Health Technologies PO Box 86 SDS 12-2208 Minneapolis, MN 554892208	Mobile imaging services	334,940
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization: <u>1</u>		

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	193,907				
	<b>e</b> Government grants (contributions)	<b>1e</b>	284,730				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,924				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		484,561				
<b>Program Service Revenue</b>	<b>2a</b> Net Patient Service Re	<b>Business Code</b>					
		621300	7,618,124	7,618,124			
	<b>b</b> Misc income	900099	97,360	97,360			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .		7,715,484				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
			63		63		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
		8,312					
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	8,312					
<b>d</b> Net rental income or (loss) . . . . .			8,312		8,312		
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
<b>b</b> Less cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss) . . . . .							
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>a</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>a</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	<b>Business Code</b>						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .		8,208,420	7,715,484	0	8,375		

**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 . . .	395,459	182,066	213,393	
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	3,442,887	3,007,829	435,058	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .				
9 Other employee benefits . . . .	456,881	388,324	68,557	
10 Payroll taxes . . . . .	240,037	199,967	40,070	
a Fees for services (non-employees) Management . . . . .				
b Legal . . . . .	1,800		1,800	
c Accounting . . . . .	28,204		28,204	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . .				
f Investment management fees . . . . .				
g Other . . . . .	578,291	548,688	29,603	
12 Advertising and promotion . . . .	26,529		26,529	
13 Office expenses . . . . .	1,353,563	1,281,413	72,150	
14 Information technology . . . . .	37,433		37,433	
15 Royalties . . . . .				
16 Occupancy . . . . .	148,335	148,171	164	
17 Travel . . . . .	36,430	33,843	2,587	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . .	448		448	
20 Interest . . . . .	142,255	142,255		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	509,581	509,581		
23 Insurance . . . . .	80,267	80,267		
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 Provision for bad debts	839,697	839,697		
b Communications	43,753	43,753		
c Dues and Subscriptions	15,729	4,487	11,242	
d Recruitment & retention	13,053		13,053	
e Cardiolyte stress test	1,848	1,848		
f All other expenses	1,561	1,463	98	
25 Total functional expenses. Add lines 1 through 24f	8,394,041	7,413,652	980,389	0
26 Joint costs. Check here <input checked="" type="checkbox"/> <input type="checkbox"/> 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1	
	2 Savings and temporary cash investments . . . . .	85,156	2
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	1,495,195	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) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	99,876	8
	9 Prepaid expenses and deferred charges . . . . .	54,091	9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,554,949	
	b Less accumulated depreciation . . . . .	10b	6,237,264
		3,690,908	10c
		3,317,685	
	11 Investments—publicly traded securities . . . . .	96,816	11
	12 Investments—other securities See Part IV, line 11 . . . . .	12	
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	274,537	15
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,796,579	16
Liabilities	17 Accounts payable and accrued expenses . . . . .	779,224	17
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	19	
	20 Tax-exempt bond liabilities . . . . .	2,270,000	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 . . . . .	553,441	23
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,602,665	26
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	2,138,877	27
	28 Temporarily restricted net assets . . . . .	55,037	28
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	2,193,914	33
	34 Total liabilities and net assets/fund balances . . . . .	5,796,579	34
			5,218,680

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,208,420
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,394,041
3	Revenue less expenses Subtract line 2 from line 1	3	-185,621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,193,914
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	2,008,293

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c	If "Yes," to 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 <input type="checkbox"/>	2c	No
2d	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? <input type="checkbox"/>	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
CHRISTIAN UNITY HOSPITAL CORPORATION

Employer identification number

45-0310159

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

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )  
 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box  
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
     (ii) a family member of a person described in (i) above?  
     (iii) a 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the supported organization(s)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 <b>Total.</b> 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 <b>Public Support.</b> 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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**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 for 2009 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
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
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b</b> <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

**Part IV**

**Supplemental Information.** 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).

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2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

CHRISTIAN UNITY HOSPITAL CORPORATION

**Employer identification number**

45-0310159

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ►

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		

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

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

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

	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		43,017		43,017
<b>b</b> Buildings . . . . .		7,055,534	4,110,403	2,945,131
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	2,212,701	1,982,080		230,621
<b>e</b> Other . . . . .	243,697	144,781		98,916
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				3,317,685

**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		
Other		
<b>Total.</b> (Column (b) should 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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total.</b> (Column (b) should 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,208,420
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,394,041
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-185,621
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 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-185,621

**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	8,208,420
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	0
3	Subtract line 2e from line 1 . . . . .	3	8,208,420
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	8,208,420

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

1	Total expenses and losses per audited financial statements . . . . .	1	8,394,041
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	0
3	Subtract line 2e from line 1 . . . . .	3	8,394,041
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	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	8,394,041

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	The Medical Center is organized as a North Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Medical Center is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Medical Center is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purpose. The Medical Center has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990T) with the IRS. The Medical Center believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Medical Center would recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense if such interest and penalties are incurred.

2010

Open to Public  
InspectionSCHEDULE 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.Name of the organization  
CHRISTIAN UNITY HOSPITAL CORPORATION

Employer identification number

45-0310159

## Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .

b If "Yes," is it a written policy? . . . . .

1b

2 If the organization has multiple hospitals, 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 hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

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 Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_ %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 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"? . . . . .

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .

5b

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

6a Does the organization prepare a community benefit report during the tax year? . . . . .

6a

6b If "Yes," did the organization make it available to the public? . . . . .

6b

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

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4	No	
5a	Yes	
5b	Yes	
5c		No
6a	No	
6b		

## 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)			52,721		52,721	0 700 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			616,509	549,142	67,367	0 890 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			669,230	549,142	120,088	1 590 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			796		796	0 010 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,883,735	1,400,990	482,745	6 390 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits			1,884,531	1,400,990	483,541	6 400 %
k Total. Add lines 7d and 7j			2,553,761	1,950,132	603,629	7 990 %

**Part II Community Building Activities** during the tax year, and describe in Part VI how its 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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense (at cost) . . . . .	<b>2</b>	673,851	
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .	<b>3</b>	66,711	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	2,735,378	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	2,708,295	
<b>7</b> Subtract line 6 from line 5 This is the surplus or (shortfall) . . . . .	<b>7</b>	27,083	
<b>8</b> 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**

<b>9a</b> Does the organization have a written debt collection policy? . . . . .	<b>9a</b>	Yes	
<b>b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	<b>9b</b>		No

**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 %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					

## 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

**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? 1

Name and address	Type of Facility (Describe)
1 Grafton Family Clinic 155 West 14th Street Grafton, ND 58257	Rural Health Clinic
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description 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, 6l, 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

Identifier	ReturnReference	Explanation
		Part I, Line 3c The organization does follow the Federal Poverty Guidelines (FPG) when determining discounted care, but they have set up three different ranges within the Guidelines. It is set up so that the patient will pay 30%, 60% of 80% of their bill depending upon where their income falls. The patient is responsible for 30% of their bill if their income is 100% to 132% of the FPG. The patient is responsible for 60% of their bill if their income falls between 133% to 166% of the FPG. The patient is responsible for 80% of their bill if their income falls between 167% and 200% of the FPG. If the individual falls below the minimum criteria, that person is eligible for 100% charity care allowance, or free care.

Identifier	ReturnReference	Explanation
		Part I, Line 7 The organization used the following to determine the costs for Part I, Line 7 Rows a Used worksheet 2 Row b & g Determined from the Medicare Cost report Row e Actual costs were used

Identifier	ReturnReference	Explanation
		Part I, Line 7g. The amount of costs attributable to a rural health clinic is \$1,846,391

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) The amount of bad debt expense removed from the denominator is \$839,697

Identifier	ReturnReference	Explanation
		Part II N/A

Identifier	ReturnReference	Explanation
		<p>Part III, Line 4 Financial Statement Bad Debt Expense</p> <p>Footnote The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision. 9.9% of the individuals in Walsh County, North Dakota (in which the Hospital is located) fall below the federal poverty levels according to Census.gov. Therefore, the organization estimates that 9.9% of the bad debt expense at cost is attributable to patients eligible under the organization's charity care policy. Care is given to individuals regardless of their ability to pay and so therefore this is a community benefit. Bad debt is calculated at cost using the cost to charge ratio derived from Worksheet 2. Discounts and payments are taken into account when determining bad debt expense. Payments on a previously written off account are recorded as a recovery of bad debt expense and they reduce bad debt expense.</p>

Identifier	ReturnReference	Explanation
		Part III, Line 8 Medicare allowable costs of care are based on the Medicare cost report. The Medicare cost report is completed based on the rules and regulations set forth by CMS.

Identifier	ReturnReference	Explanation
		Part VI, Line 2 On occasion, we prepare community assessments. We last completed an assessment in late 2008 to determine the focus of our new construction/remodeling project that was recently finished. We have community members from different backgrounds/occupations that serve on our Board of Directors. They are open to listening to other community members regarding health care needs. These are brought to the Board and considered at that time. UMC also brings in specialty doctors to our rural health clinic to enhance the services that are already offered. We offer services such as oncology, psychiatry, etc.

Identifier	ReturnReference	Explanation
		Part VI, Line 3 Posted near the ER entrance at Unity Medical Center, we have a sign that states that we "provide medical care for those who cannot afford to pay " Another posting states that "the facility is legally obligated to serve the community " For those patients who do not pay on their balances, we contact them by phone We have them sit down and visit with our Patient Account Representative The Representative then talks to them about payment arrangements, eligibility for certain programs, such as Medicaid, and then charity care, if necessary If we cannot get those patients to come in and talk, we try to make arrangements over the phone and through the mail, if necessary

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Grafton is a rural community of approximately 4,000 residents located in Walsh County, North Dakota. The median household income for Walsh County is \$44,139 for 2006-2010 per the US Census Data. 9.9% of individuals in the Walsh County fall below the poverty level. Unity Medical Center serves the population of Grafton and several surrounding smaller communities. The area is also served by a hospital in Park River and a hospital in Grand Forks. Approximately 8.11% of the hospital's business in FY 2011 was to private pay individuals. Approximately 7.29% of our business was to Medicaid recipients. We also have a Migrant Health office in the community to serve migrant workers.

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 6 The Unity Medical Center (UMC) governing body is comprised of persons who reside in our primary service area. The board members are neither contractors, or family members of the organization. Medical staff privileges are extended to those qualified physicians in our community who have applied for and been granted medical privileges, per our credentialing process. Surplus funds, when available, are used to purchase equipment or make purchases to improve the building structure for the purpose of improving patient care. UMC offers 24 hour access to emergency room care, which is available to all individuals, regardless of their ability to pay for the care. UMC offers acute care, swing bed care, general surgery, as well as many outpatient services. UMC does participate in education of healthcare professionals. We take approximately 2-3 medical students per year and several Physical Therapy students throughout the year from the University of North Dakota. We do training for students from technical schools, as well, as requested. UMC is the only hospital and clinic in the community, therefore, we are a viable part of this community. UMC offers programs such as diabetes screenings, flu vaccination clinics, free blood pressure checks, KIDS UMC (education for young children), etc. UMC also has a representative on the Mayor's Committee of Wellness for the community. UMC brings in specialty doctors to our clinic in order to offer more necessary services to our patient population, i.e. oncology, psychiatry, etc. We offer volunteer opportunities for high school students and adults. We have twenty members of our UMC Auxiliary Services that volunteer here every week for the benefit of the facility.</p>

Identifier	ReturnReference	Explanation
		Part VI, Line 7 N/A

**Schedule H (Form 990) 2010**

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**

CHRISTIAN UNITY HOSPITAL CORPORATION

**Employer identification number**

45-0310159

**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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

**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) Dr Linda Filippi	(i) 180,367 (ii) 0	0 0	0 0	0 0	4,825 0	185,192 0	0 0
(2) Dr Abdul Hafeez	(i) 237,902 (ii) 0	0 0	0 0	0 0	13,392 0	251,294 0	0 0
(3) Dr Joshua Omotunde	(i) 263,050 (ii) 0	0 0	0 0	0 0	12,422 0	275,472 0	0 0
(4) Dr Anthony Kotnik	(i) 181,042 (ii) 0	0 0	0 0	0 0	12,301 0	193,343 0	0 0
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 5	Physician compensation is calculated monthly. Physicians earn 58 percent of gross revenues from specific clinic departments

**Schedule K  
(Form 990)****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

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

► Attach to Form 990. ► See separate instructions.

Name of the organization  
CHRISTIAN UNITY HOSPITAL CORPORATIONEmployer identification number  
45-0310159**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	City of Grafton	45-6002080	384455BF7	04-23-2008	2,363,560	Capital improvements to hospital		X		X		X

**Part II Proceeds**

		A	B	C	D
1	Amount of bonds retired	125,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	2,363,560			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	47,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,316,560			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009			
14	Were the bonds issued as part of a current refunding issue?		Yes	No	
			X		
15	Were the bonds issued as part of an advance refunding issue?			X	
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
<b>3a</b> Are there any management or service contracts that may result in private business use?		X						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	0 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►	0 %							
<b>6</b> Total of lines 4 and 5	0 %							
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

**Part IV Arbitrage**

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

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

CHRISTIAN UNITY HOSPITAL CORPORATION

**Employer identification number**

45-0310159

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The organization has an Executive Committee which is made up of the President, Vice President, Secretary, Treasurer and a Member at Large. The Executive Committee has the power to transact regular business between board meetings. The Executive Committee has the responsibility to serve as the nominating committee. Although the Executive Committee has authority to make decisions on behalf of the full board the committee did not do so during the fiscal year.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		<p>Membership in the corporation shall be either lifetime or annual, and shall be limited to adult individuals as follows</p> <p>1) Those individuals or companies contributing \$100 to the corporation, or to the development fund of the Medical Center Corporation, shall, upon specific request, be entitled to a life membership. If an individual or company makes a contribution of \$200 or more, they shall be entitled to designate one additional immediate family member or company employee (limited to two per family or company), respectively, for lifetime membership effective retroactively</p> <p>2) Those individuals residing in the Unity Medical Center service area shall be granted annual membership at no fee. They shall be granted annual membership status by showing proof of residing in the Corporation service area</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Each member of the corporation in good standing shall be qualified to cast one vote on any issue that may properly come before any meeting of the members of the corporation, and to hold any office in the corporation to which he or she may be elected or appointed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The CFO & CEO will review a draft of the Form 990. Unity Medical Center will provide the board members with a link and a password to an electronic copy of the 990.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Annually board members must sign a conflict of interest policy. If a board member believes that a conflict exists it is their responsibility to bring the conflict to the attention of the board. The board will determine if a conflict exists. Any board members with a conflict of interest must abstain from voting on any issues relating to the conflict.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	A formal evaluation is completed for both the CEO and CFO. Comparability data is used from the North Dakota Hospital Association. At budget time each year the board will approve a percentage increase. The deliberation and decision is documented in the board minutes. The process was last completed in June 2011.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy and financial statements are made available upon request

Identifier	Return Reference	Explanation
Director Compensation and Hours Devoted	Form 990, Part VII	Dr Linda Fillipi does not receive compensation for being the Medical Staff President on the Board of Directors. The compensation she received reported in Part VII is in relation to her medical services as a physician. She devoted 1 hour per week to her position as a Board Member.

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## CHRISTIAN UNITY HOSPITAL CORPORATION

**Employer identification number**

45-0310159

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Unity Medical Center Foundation	C	193,907	Contribution amount per GL
(2) Unity Medical Center Foundation	E	143,502	N/P secured by Fdtn's investments
(3)			
(4)			
(5)			
(6)			

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

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

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
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Consolidated Financial Statements  
June 30, 2011 and 2010

**Unity Medical Center and Subsidiary  
Grafton, North Dakota**

Unity Medical Center and Subsidiary  
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June 30, 2011 and 2010

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### **Independent Auditor's Report**

The Board of Trustees  
Christian Unity Hospital Corporation  
d/b/a Unity Medical Center  
Grafton, North Dakota

We have audited the accompanying consolidated balance sheets of Christian Unity Hospital Corporation d/b/a Unity Medical Center and Subsidiary (Medical Center) as of June 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits 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 consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting. Accordingly, we do not express such an opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide 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 Christian Unity Hospital Corporation d/b/a Unity Medical Center and Subsidiary as of June 30, 2011 and 2010, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is fluid and cursive, with "Eide" and "Baily" connected, and "LLP" written in a smaller, separate section.

Fargo, North Dakota  
October 21, 2011

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	2011	2010
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 71,534	\$ 98,548
Receivables		
Patient, net of estimated uncollectibles of \$814,000 in 2011 and \$402,000 in 2010	1,351,041	1,420,579
Estimated third-party payor settlements	133,000	214,000
Pledges	155,587	178,208
Other	82,105	74,616
Supplies	105,952	99,876
Prepaid expenses	<u>53,256</u>	<u>54,091</u>
Total current assets	<u>1,952,475</u>	<u>2,139,918</u>
<b>Assets Limited as to Use</b>		
By Board for capital improvements	984,182	855,635
Under bond indenture agreement	<u>216,434</u>	<u>257,758</u>
Total assets limited as to use	<u>1,200,616</u>	<u>1,113,393</u>
<b>Property and Equipment, Net</b>	<u>3,317,685</u>	<u>3,690,908</u>
<b>Other Assets</b>		
Deferred financing costs, net of accumulated amortization of \$6,888 in 2011 and \$4,713 in 2010	58,362	60,537
Pledges receivable, net of estimated uncollectibles of \$8,500 in 2011 and \$12,500 in 2010	<u>112,104</u>	<u>208,801</u>
Total other assets	<u>170,466</u>	<u>269,338</u>
<b>Total assets</b>	<u>\$ 6,641,242</u>	<u>\$ 7,213,557</u>

Unity Medical Center and Subsidiary  
 Consolidated Balance Sheets  
 June 30, 2011 and 2010

---

	2011	2010
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Note payable	\$ 60,000	\$ 149,624
Current maturities of long-term debt	119,307	115,865
Accounts payable	306,126	336,488
Accrued expenses		
Salaries and wages	154,099	146,130
Vacation and sick	236,814	218,006
Interest	19,380	19,100
Other	49,911	59,500
Total current liabilities	945,637	1,044,713
Long-Term Debt, Less Current Maturities	<u>2,264,750</u>	<u>2,557,952</u>
Total liabilities	<u>3,210,387</u>	<u>3,602,665</u>
<b>Net Assets</b>		
Unrestricted	3,103,873	3,168,846
Temporarily restricted	326,982	442,046
Total net assets	<u>3,430,855</u>	<u>3,610,892</u>
Total liabilities and net assets	<u>\$ 6,641,242</u>	<u>\$ 7,213,557</u>

**Unity Medical Center and Subsidiary**  
**Consolidated Statements of Operations**  
**Years Ended June 30, 2011 and 2010**

---

	<b>2011</b>	<b>2010</b>
<b>Unrestricted Revenues, Gains and Other Support</b>		
Net patient service revenue	\$ 7,618,124	\$ 7,141,842
Other revenue	<u>126,315</u>	<u>102,724</u>
Total revenues, gains and other support	<u>7,744,439</u>	<u>7,244,566</u>
<b>Expenses</b>		
Nursing services	1,328,936	1,173,451
Other professional services	1,933,483	1,889,725
Clinic services	1,370,636	1,373,460
General services	615,314	646,329
Administrative and fiscal services	1,686,114	1,717,302
Depreciation and amortization	509,581	477,351
Provision for bad debts	839,697	260,676
Interest	<u>142,255</u>	<u>147,899</u>
Total expenses	<u>8,426,016</u>	<u>7,686,193</u>
<b>Operating Loss</b>	<u>(681,577)</u>	<u>(441,627)</u>
<b>Other Income</b>		
Investment income	68,039	84,438
Sales tax revenues	210,305	196,014
Contributions and other	<u>42,766</u>	<u>96,391</u>
Total other income	<u>321,110</u>	<u>376,843</u>
<b>Expenses in Excess of Revenues</b>	<u>(360,467)</u>	<u>(64,784)</u>
<b>Change in Unrealized Gains and Losses on Investments</b>	<u>105,989</u>	<u>48,856</u>
<b>Contributions for Long-Lived Assets</b>	<u>189,505</u>	<u>287,163</u>
<b>Increase (Decrease) in Unrestricted Net Assets</b>	<u>\$ (64,973)</u>	<u>\$ 271,235</u>

Unity Medical Center and Subsidiary  
 Consolidated Statements of Changes in Net Assets  
 Years Ended June 30, 2011 and 2010

---

	2011	2010
<b>Unrestricted Net Assets</b>		
Expenses in excess of revenues	\$ (360,467)	\$ (64,784)
Change in unrealized gains and losses on investments	105,989	48,856
Contributions for long-lived assets	<u>189,505</u>	<u>287,163</u>
Increase (decrease) in unrestricted net assets	<u>(64,973)</u>	<u>271,235</u>
<b>Temporarily Restricted Net Assets</b>		
Restricted contributions	45,307	139,537
Net assets released from restrictions	<u>(160,371)</u>	<u>(187,727)</u>
Decrease in temporarily restricted net assets	<u>(115,064)</u>	<u>(48,190)</u>
<b>Increase (Decrease) in Net Assets</b>	<b>(180,037)</b>	<b>223,045</b>
<b>Net Assets, Beginning of Year</b>	<b>3,610,892</b>	<b>3,387,847</b>
<b>Net Assets, End of Year</b>	<b>\$ 3,430,855</b>	<b>\$ 3,610,892</b>

**Unity Medical Center and Subsidiary**  
**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2011 and 2010**

---

	<b>2011</b>	<b>2010</b>
<b>Operating Activities</b>		
Change in net assets	\$ (180,037)	\$ 223,045
Adjustments to reconcile change in net assets to net cash from (used for) operating activities		
Depreciation and amortization	509,581	477,351
Change in unrealized gains and losses on investments	(105,989)	(48,856)
Contributions for long-lived assets	(189,505)	(287,163)
Restricted contributions	(45,307)	(139,537)
Realized loss (gains) on sale of investments	9,170	(4,760)
Changes in assets and liabilities		
Receivables	62,049	88,472
Estimated third-party payor settlements	81,000	(501,000)
Supplies	(6,076)	(635)
Prepaid expenses	835	(6,673)
Accounts payable	(30,362)	64,935
Accrued expenses	17,468	63,495
<b>Net Cash From (Used For) Operating Activities</b>	<b>122,827</b>	<b>(71,326)</b>
<b>Investing Activities</b>		
Purchase of property and equipment	(134,183)	(515,187)
Decrease in assets limited as to use	9,596	222,481
<b>Net Cash Used For Investing Activities</b>	<b>(124,587)</b>	<b>(292,706)</b>
<b>Financing Activities</b>		
Decrease in note payable	(89,624)	(87,298)
Repayment of long-term debt	(289,760)	(211,359)
Contributions for long-lived assets	189,505	287,163
Restricted contributions	5,924	8,125
Decrease in pledges receivable	158,701	186,187
Proceeds from issuance of long-term debt	-	310,900
Decrease in construction and retainage payable	-	(93,014)
<b>Net Cash From (Used For) Financing Activities</b>	<b>(25,254)</b>	<b>400,704</b>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>(27,014)</b>	<b>36,672</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<b>98,548</b>	<b>61,876</b>
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 71,534</b>	<b>\$ 98,548</b>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Cash paid during the year for interest	\$ 141,975	\$ 148,162

## **Note 1 - Organization and Significant Accounting Policies**

### **Organization**

Christian Unity Hospital Corporation d/b/a Unity Medical Center (Medical Center) is a 17-bed acute care hospital and clinic located in Grafton, North Dakota. The Medical Center is the sole member of Unity Hospital Foundation (Foundation).

### **Tax-Exempt Status**

The Medical Center is organized as a North Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Medical Center is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Medical Center is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purpose. The Medical Center has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990T) with the IRS.

The Medical Center believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Medical Center would recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense if such interest and penalties are incurred.

### **Principles of Consolidation**

The consolidated financial statements include the accounts of the Medical Center and Foundation (referred to as the Medical Center). Significant inter-company accounts and transactions have been eliminated in the consolidation.

### **Use of Estimates**

The preparation of 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 financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## **Fair Value Measurements**

The Medical Center has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provides a framework for measuring fair value

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs

A fair value hierarchy has been established, which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity 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 related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability

## **Cash and Cash Equivalents**

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use

## **Patient Receivables**

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision

## **Supplies**

Supplies are stated at lower of cost (first-in, first-out) or market

## **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in expenses in excess of revenues unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from expenses in excess of revenues unless the investments are trading securities

### **Assets Limited as to Use**

Assets limited as to use are assets set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and assets limited as to use under bond indenture agreement

### **Property and Equipment**

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed on the straight-line method. The estimated useful lives of property and equipment are as follows:

Land improvements	10-15 years
Buildings and fixed equipment	5-40 years
Equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net assets and are excluded from expenses in excess of revenues unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

### **Pledges Receivable**

Unconditional promises to give with payments due in future periods (i.e., pledges receivable) are reported at the net present value of expected future receipts. Pledges are treated as temporarily restricted net assets until collected (inherent time restriction), unless the donor intended the pledge to be used to support specific activities of the current period. Pledges intended to support current activities are recorded as unrestricted support in the period the promise is received.

### **Pledges Receivable – Fair Value Election**

Unconditional promises to give are reported at net realizable value if, at the time the promise is made, payment is expected to be received in one year or less. Unconditional promises that are expected to be collected in more than one year are reported at fair value initially and in subsequent periods. The Medical Center has elected that measure in accordance with accounting guidance. Management believes that the use of fair value reduces the cost of measuring unconditional promises to give in periods subsequent to their receipt and provides equal or better information to the users of the financial statements than if those promises were measured using present value techniques and historical discount rates.

### **Deferred Financing Costs**

Deferred financing costs are amortized over the period the related obligation is outstanding using the straight-line method. Amortization of deferred financing costs is included in depreciation and amortization in the financial statements.

### **Accrued Vacation and Sick Leave**

Medical Center employees earn vacation and sick leave at varying rates depending on years of service. Employees may accumulate leave balances up to a specified maximum. Employees are paid for accumulated leave balances if employment is terminated.

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Medical Center in perpetuity. At June 30, 2011 and 2010, the Medical Center did not have permanently restricted net assets.

### **Expenses in Excess of Revenues**

Expenses in excess of revenues excludes unrealized gains and losses on investments other than trading securities, transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

### **Net Patient Service Revenue**

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

### **Sales Tax Revenue**

The Medical Center receives revenue from a 1% county sales tax. In addition, the Medical Center receives half of a 1 percent economic development sales tax assessed on purchases made in Walsh County, North Dakota. These funds are to be used to support operations. Sales tax revenue is recognized when the funds are received from Walsh County. Sales tax revenue recognized totaled \$210,305 and \$196,014 for the years ended June 30, 2011 and 2010.

### **Charity Care**

To fulfill its mission of community service, the Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as patient service revenue.

### **Donor-restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. 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 donor stipulated time restrictions or purpose restrictions are met or accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations 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 statement of operations.

### **Advertising Costs**

The Medical Center expenses advertising costs as they are incurred.

### **Note 2 - Charity Care**

The Medical Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and equivalent service statistics. The amount of charges foregone, based on established rates, was \$65,697 and \$60,359 for the years ended June 30, 2011 and 2010.

### **Note 3 - Net Patient Service Revenue**

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

**Medicare.** The Medical Center is licensed as a Critical Access Hospital. The Medical Center is reimbursed for most inpatient and outpatient services at cost plus one percent with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2009. Clinical services are paid on a fixed fee schedule or on a cost basis, subject to various limits, for rural health clinic services.

**Medicaid.** The Medical Center is reimbursed for most inpatient and outpatient services at cost with final settlement determined based on the Medicare cost report. Clinical services are paid on a fixed fee schedule.

**Blue Cross.** Inpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. Outpatient services are reimbursed at outpatient payment fee screens or at charges less a prospectively determined discount. The prospectively determined discount is not subject to retroactive adjustment. Clinic services are paid on a fixed fee schedule.

The Medical Center has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue for the years ended June 30, 2011 and 2010 increased approximately \$169,000 and \$209,000 due to changes in estimates and final settlements of prior year cost reports.

A summary of patient service revenue and contractual adjustments for the years ended June 30, 2011 and 2010 is as follows:

	2011	2010
Total patient service revenue	<u>\$ 9,256,186</u>	<u>\$ 8,639,216</u>
Contractual adjustments		
Medicare	(572,105)	(278,003)
Medicaid	(364,262)	(558,809)
Blue Cross/Blue Shield	(484,465)	(351,287)
Other	<u>(217,230)</u>	<u>(309,275)</u>
Total contractual adjustments	<u>(1,638,062)</u>	<u>(1,497,374)</u>
Net patient service revenue	<u>\$ 7,618,124</u>	<u>\$ 7,141,842</u>

#### **Note 4 - Investments And Investment Income**

##### **Assets Limited as to Use**

The composition of assets limited as to use at June 30, 2011 and 2010 is shown in the following table. Corporate bonds, corporate equity securities, and mutual funds are stated at fair value. Cash and short-term investments are stated at cost plus accrued interest.

	2011	2010
By Board for capital improvements		
Cash and short-term investments	\$ 79,572	\$ 57,203
Corporate bonds	131,198	220,748
Mutual funds	773,412	384,541
Corporate equity securities	<u>-</u>	<u>193,143</u>
	984,182	855,635
Under bond indenture agreement		
Cash and short-term investments	<u>216,434</u>	<u>257,758</u>
	<u>\$ 1,200,616</u>	<u>\$ 1,113,393</u>

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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**Investment Income**

Investment income on assets limited as to use and cash equivalents consists of the following for the years ended June 30, 2011 and 2010

	2011	2010
Other income		
Interest income	\$ 77,209	\$ 79,678
Realized gains (losses)	<u>(9,170)</u>	<u>4,760</u>
	<u><u>\$ 68,039</u></u>	<u><u>\$ 84,438</u></u>
Other changes in unrestricted net assets		
Change in unrealized gains and losses on investments	<u><u>\$ 105,989</u></u>	<u><u>\$ 48,856</u></u>

**Note 5 - Property and Equipment**

A summary of property and equipment at June 30, 2011 and 2010 follows

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 43,017	\$ -	\$ 43,017	\$ -
Land improvements	243,697	144,781	243,697	132,618
Buildings and fixed equipment	7,055,534	4,110,403	6,961,371	3,666,400
Equipment	<u>2,212,701</u>	<u>1,982,080</u>	<u>2,172,681</u>	<u>1,930,840</u>
	<u><u>\$ 9,554,949</u></u>	<u><u>\$ 6,237,264</u></u>	<u><u>\$ 9,420,766</u></u>	<u><u>\$ 5,729,858</u></u>
Net property and equipment		<u><u>\$ 3,317,685</u></u>		<u><u>\$ 3,690,908</u></u>

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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**Note 6 - Pledges Receivable**

The Medical Center has received pledges from individuals in the community and the surrounding area. Certain pledges are receivable over a period of time, and are discounted at an annual rate of 4.5%. The following is a summary of pledges receivable at June 30, 2011 and 2010.

	2011	2010
Current pledges receivable	\$ 155,587	\$ 178,208
Amounts receivable in one to five years	127,932	237,012
	<hr/>	<hr/>
Less allowance for doubtful accounts	283,519	415,220
Less discount to present value	(8,488)	(12,457)
	<hr/>	<hr/>
Pledges receivable	(7,340)	(15,754)
	<hr/>	<hr/>
	\$ 267,691	\$ 387,009
	<hr/>	<hr/>

**Note 7 - Note Payable**

The Medical Center has an arrangement with a bank for a line of credit not to exceed \$200,000. The line of credit has a variable interest rate of prime plus 1.25% with a provision that the interest rate will not be less than 4.5%. At June 30, 2011, the interest rate was 4.5%. Interest on the outstanding balance is due monthly and outstanding principal is due November 2011. The line of credit is secured by accounts receivable and inventory. The balance outstanding on the line of credit was \$60,000 and \$149,624 at June 30, 2011 and 2010.

**Note 8 - Long-Term Debt**

	2011	2010
3 7.5% - 5.5% Sales Tax Revenue Bonds, Series 2008, due in varying annual installments, through May 2038, secured by tax revenues of the City of Grafton	\$ 2,225,000	\$ 2,270,000
4 5% note payable, due in monthly installments of \$5,603 including interest, to September 2013, secured by Foundation investments	143,502	202,708
5 7.5% note payable, due in monthly installments of \$1,078 including interest, to September 2012, secured by certain equipment	15,555	27,209
Variable rate note payable	-	173,900
	<hr/>	<hr/>
Less current maturities	2,384,057	2,673,817
	<hr/>	<hr/>
Long-term debt, less current maturities	(119,307)	(115,865)
	<hr/>	<hr/>
	\$ 2,264,750	\$ 2,557,952
	<hr/>	<hr/>

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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Long-term debt maturities are as follows

<u>Year Ending June 30.</u>	<u>Amount</u>
2012	\$ 119,307
2013	113,059
2014	66,691
2015	50,000
2016	50,000
Thereafter	<u>1,985,000</u>
 Total	 <u>\$ 2,384,057</u>

**Note 9 - Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes at June 30, 2011 and 2010

	2011	2010
Health care related programs	\$ 59,291	\$ 55,037
Property and equipment	<u>267,691</u>	<u>387,009</u>
	 <u>\$ 326,982</u>	 <u>\$ 442,046</u>

In 2011 and 2010, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$160,371 and \$187,727. This amount is included in contributions for long-lived assets and net assets released from restrictions in the accompanying financial statements.

**Note 10 - Pension Plan**

The Medical Center has a 401k profit sharing plan that covers substantially all employees. To be eligible, the employee must be over 21 years of age, complete one year of service, and work over 1,000 hours. The employer contributions are determined annually by the Board of Trustees. There were no contributions to the pension plan for the years ended June 30, 2011 and 2010.

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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**Note 11 - Concentration of Credit Risk**

The Medical Center grants credit without collateral to its patients, most of whom are local citizens and are insured under third-party pay or agreements. The mix of receivables from patients and third-party payors at June 30, 2011 and 2010 was as follows:

	2011	2010
Medicare	24%	23%
Medicaid	4%	9%
Blue Cross	11%	9%
Commercial insurance	7%	5%
Private pay	<u>54%</u>	<u>54%</u>
	<u>100%</u>	<u>100%</u>

**Note 12 - Functional Expenses**

The Medical Center provides health care services to residents within its geographic location. Expenses related to providing these services by functional class for the years ended June 30, 2011 and 2010 are as follows:

	2011	2010
Patient health care services	\$ 7,380,022	\$ 6,682,721
General and administrative	<u>1,045,994</u>	<u>1,003,472</u>
	<u>\$ 8,426,016</u>	<u>\$ 7,686,193</u>

**Note 13 - Fair Value of Assets**

Assets measured at fair value on a recurring basis at June 30, 2011 and 2010, respectively, are as follows:

	2011	2010
Corporate bonds	\$ 131,198	\$ 220,748
Mutual funds	773,412	384,541
Pledges receivable	267,691	387,009
Corporate equity securities	<u>-</u>	<u>193,143</u>
<b>Total</b>	<b><u>\$ 1,172,301</u></b>	<b><u>\$ 1,185,441</u></b>

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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The related fair values of these assets and liabilities are determined as follows

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>June 30, 2011</b>			
Corporate bonds	\$ 131,198	\$ -	\$ -
Mutual funds	773,412	-	-
Pledges receivable	-	-	267,691
<b>Total assets</b>	<b>\$ 904,610</b>	<b>\$ -</b>	<b>\$ 267,691</b>
 <b>June 30, 2010</b>			
Corporate bonds	\$ 220,748	\$ -	\$ -
Mutual funds	384,541	-	-
Corporate equity securities	193,143	-	-
Pledges receivable	-	-	387,009
<b>Total assets</b>	<b>\$ 798,432</b>	<b>\$ -</b>	<b>\$ 387,009</b>

The fair value for corporate bonds, corporate equity securities, and mutual funds is determined by reference to quoted market prices. The fair value of pledges receivable is determined by discounting future cash flows to present value and assessing related credit risk.

Unity Medical Center and Subsidiary  
 Notes to Consolidated Financial Statements  
 June 30, 2011 and 2010

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Following is a reconciliation of activity for assets measured at fair value based upon significant unobservable (non-market) information

	Pledges Receivable
Balance, June 30, 2009	\$ 441,784
New pledges received	113,800
Change in present value calculation	15,441
Change in allowance for uncollectible pledges	2,171
Collections from pledges receivable	<u>(186,187)</u>
Balance, June 30, 2010	387,009
New pledges received	27,000
Change in present value calculation	8,414
Change in allowance for uncollectible pledges	3,969
Collections from pledges receivable	<u>(158,701)</u>
Balance, June 30, 2011	<u><u>\$ 267,691</u></u>

#### **Note 14 - Contingencies**

##### **Malpractice**

The Medical Center has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 Million per claim and an annual aggregate limit of \$5 Million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

##### **Litigation, Claims, and Disputes**

The Medical Center is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigations, claims, and disputes in process will not be material to the financial position of the Medical Center.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services. Management believes that the Medical Center is in substantial compliance with current laws and regulations.

**Note 15 - Subsequent Events**

The Medical Center has evaluated subsequent events through October 21, 2011, the date which the consolidated financial statements were available to be issued. During this period, there were no subsequent events requiring recognition or disclosure in the consolidated financial statements.

Consolidating and Supplementary Information  
June 30, 2011 and 2010

**Unity Medical Center and Subsidiary**

### **Independent Auditor's Report on Consolidating and Supplementary Information**

The Board of Directors  
Christian Unity Hospital Corporation  
d/b/a Unity Medical Center  
Grafton, North Dakota

We have audited the consolidated financial statements of Christian Unity Hospital Corporation d/b/a Unity Medical Center and Subsidiary as of and for the years ended June 30, 2011 and 2010, and our report thereon dated, October 21, 2011, which expressed an unqualified opinion on those consolidated financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information on pages 20 through 25 is presented for purposes of additional analysis of the basic consolidated financial statements rather than to present the financial position, results of operations, changes in net assets, and cash flows of the individual organizations. The supplementary information on pages 26 through 32 is presented for additional analysis and is not a required part of the basic consolidated financial statements. Such consolidating and supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The Statistical and Financial Highlights - Hospital shown on page 33, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. This information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.



Fargo, North Dakota  
October 21, 2011

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	Medical Center	Foundation	Consolidated
Assets			
<b>Current Assets</b>			
Cash and cash equivalents	\$ 62,020	\$ 9,514	\$ 71,534
Receivables			
Patient, net	1,351,041	-	1,351,041
Estimated third-party payor settlements	133,000	-	133,000
Pledges	-	155,587	155,587
Other	82,105	-	82,105
Supplies	105,952	-	105,952
Prepaid expenses	<u>53,256</u>	<u>-</u>	<u>53,256</u>
Total current assets	<u>1,787,374</u>	<u>165,101</u>	<u>1,952,475</u>
<b>Assets Limited as to Use</b>			
By Board for capital improvements	-	984,182	984,182
Under bond indenture agreement	<u>55,259</u>	<u>161,175</u>	<u>216,434</u>
Total assets limited as to use	<u>55,259</u>	<u>1,145,357</u>	<u>1,200,616</u>
Property and Equipment, Net	<u>3,317,685</u>	<u>-</u>	<u>3,317,685</u>
<b>Other Assets</b>			
Deferred financing costs, net	58,362	-	58,362
Pledges receivable, net	<u>-</u>	<u>112,104</u>	<u>112,104</u>
Total other assets	<u>58,362</u>	<u>112,104</u>	<u>170,466</u>
Total assets	<u>\$ 5,218,680</u>	<u>\$ 1,422,562</u>	<u>\$ 6,641,242</u>

Unity Medical Center and Subsidiary  
Consolidating Balance Sheet  
June 30, 2011

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	Medical Center	Foundation	Consolidated
<b>Liabilities and Net Assets</b>			
<b>Current Liabilities</b>			
Note payable	\$ 60,000	\$ -	\$ 60,000
Current maturities of long-term debt	119,307	-	119,307
Accounts payable	306,126	-	306,126
Accrued expenses			
Salaries and wages	154,099	-	154,099
Vacation and sick	236,814	-	236,814
Interest	19,380	-	19,380
Other	49,911	-	49,911
	<hr/>	<hr/>	<hr/>
Total current liabilities	945,637	-	945,637
	<hr/>	<hr/>	<hr/>
Long-Term Debt, Less Current Maturities	2,264.750	-	2,264.750
	<hr/>	<hr/>	<hr/>
Total liabilities	<hr/>	-	<hr/>
	<hr/>	<hr/>	<hr/>
<b>Net Assets</b>			
Unrestricted	1,949,002	1,154,871	3,103,873
Temporarily restricted	<hr/>	59,291	<hr/>
	<hr/>	<hr/>	<hr/>
Total net assets	<hr/>	1,422,562	<hr/>
	<hr/>	<hr/>	<hr/>
Total liabilities and net assets	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>

Unity Medical Center and Subsidiary  
Consolidating Statement of Operations  
Year Ended June 30, 2011

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	Medical Center	Foundation	Consolidated
Unrestricted Revenues.			
Gains and Other Support			
Net patient service revenue	\$ 7,618,124	\$ -	\$ 7,618,124
Other revenue	126,315	-	126,315
Total revenues, gains and other support	<u>7,744,439</u>	<u>-</u>	<u>7,744,439</u>
Expenses			
Nursing services	1,328,936	-	1,328,936
Other professional services	1,933,483	-	1,933,483
Clinic services	1,370,636	-	1,370,636
General services	615,314	-	615,314
Administrative and fiscal services	1,654,139	31,975	1,686,114
Depreciation and amortization	509,581	-	509,581
Provision for bad debts	839,697	-	839,697
Interest	142,255	-	142,255
Total expenses	<u>8,394,041</u>	<u>31,975</u>	<u>8,426,016</u>
Operating Loss	<u>(649,602)</u>	<u>(31,975)</u>	<u>(681,577)</u>
Other Income			
Investment income	53,845	14,194	68,039
Sales tax revenues	210,305	-	210,305
Contributions and other	-	42,766	42,766
Total other income	<u>264,150</u>	<u>56,960</u>	<u>321,110</u>
Revenues in Excess of (Less Than) Expenses	(385,452)	24,985	(360,467)
Transfers from (to) Related Party	193,907	(193,907)	-
Change in Unrealized Gains and Losses on Investments	-	105,989	105,989
Contributions for Long-Lived Assets	<u>1,670</u>	<u>187,835</u>	<u>189,505</u>
Increase (Decrease) in Unrestricted Net Assets	<u>\$ (189,875)</u>	<u>\$ 124,902</u>	<u>\$ (64,973)</u>

Unity Medical Center and Subsidiary  
Consolidating Statement of Changes in Net Assets  
Year Ended June 30, 2011

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	Medical Center	Foundation	Consolidated
<b>Unrestricted Net Assets</b>			
Revenues in excess of (less than) expenses	\$ (385,452)	\$ 24,985	\$ (360,467)
Transfers from (to) related party	193,907	(193,907)	-
Change in unrealized gains and losses on investments	-	105,989	105,989
Contributions for long-lived assets	<u>1,670</u>	<u>187,835</u>	<u>189,505</u>
 Increase (decrease) in unrestricted net assets	 <u>(189,875)</u>	 <u>124,902</u>	 <u>(64,973)</u>
<b>Temporarily Restricted Net Assets</b>			
Restricted contributions	5,924	39,383	45,307
Net assets released from restrictions	<u>(1,670)</u>	<u>(158,701)</u>	<u>(160,371)</u>
 Increase (decrease) in temporarily restricted net assets	 <u>4,254</u>	 <u>(119,318)</u>	 <u>(115,064)</u>
 Increase (Decrease) in Net Assets	 <u>(185,621)</u>	 <u>5,584</u>	 <u>(180,037)</u>
 Net Assets, Beginning of Year	 <u>2,193,914</u>	 <u>1,416,978</u>	 <u>3,610,892</u>
 Net Assets, End of Year	 <u>\$ 2,008,293</u>	 <u>\$ 1,422,562</u>	 <u>\$ 3,430,855</u>

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	Medical Center	Foundation	Consolidated
<b>Assets</b>			
<b>Current Assets</b>			
Cash and cash equivalents	\$ 85,156	\$ 13,392	\$ 98,548
Receivables			
Patient, net	1,420,579	-	1,420,579
Estimated third party payor settlements	214,000		214,000
Pledges	-	178,208	178,208
Other	74,616	-	74,616
Supplies	99,876	-	99,876
Prepaid expenses	<u>54,091</u>	<u>-</u>	<u>54,091</u>
Total current assets	<u>1,948,318</u>	<u>191,600</u>	<u>2,139,918</u>
<b>Assets Limited as to Use</b>			
By Board for capital improvements	233	855,402	855,635
Under bond indenture agreement	<u>96,583</u>	<u>161,175</u>	<u>257,758</u>
Total assets limited as to use	<u>96,816</u>	<u>1,016,577</u>	<u>1,113,393</u>
<b>Property and Equipment, Net</b>	<u>3,690,908</u>	<u>-</u>	<u>3,690,908</u>
<b>Other Assets</b>			
Deferred financing costs, net	60,537	-	60,537
Pledges receivable, net	<u>-</u>	<u>208,801</u>	<u>208,801</u>
Total other assets	<u>60,537</u>	<u>208,801</u>	<u>269,338</u>
<b>Total assets</b>	<u>\$ 5,796,579</u>	<u>\$ 1,416,978</u>	<u>\$ 7,213,557</u>

Unity Medical Center and Subsidiary  
Consolidating Balance Sheet  
June 30, 2010

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	Medical Center	Foundation	Consolidated
<b>Liabilities and Net Assets</b>			
<b>Current Liabilities</b>			
Note payable	\$ 149,624	\$ -	\$ 149,624
Current maturities of long-term debt	115,865	-	115,865
Accounts payable	336,488	-	336,488
Accrued expenses			
Salaries and wages	146,130	-	146,130
Vacation and sick	218,006	-	218,006
Interest	19,100	-	19,100
Other	59,500	-	59,500
Total current liabilities	<u>1,044,713</u>	-	<u>1,044,713</u>
 Long-Term Debt, Less Current Maturities	<u>2,557,952</u>	-	<u>2,557,952</u>
 Total liabilities	<u>3,602,665</u>	-	<u>3,602,665</u>
 Net Assets			
Unrestricted	2,138,877	1,029,969	3,168,846
Temporarily restricted	<u>55,037</u>	<u>387,009</u>	<u>442,046</u>
Total net assets	<u>2,193,914</u>	<u>1,416,978</u>	<u>3,610,892</u>
 Total liabilities and net assets	<u><u>\$ 5,796,579</u></u>	<u><u>\$ 1,416,978</u></u>	<u><u>\$ 7,213,557</u></u>

Unity Medical Center and Subsidiary  
Consolidating Statement of Operations  
Year Ended June 30, 2010

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	Medical Center	Foundation	Consolidated
<b>Unrestricted Revenues.</b>			
<b>Gains and Other Support</b>			
Net patient service revenue	\$ 7,141,842	\$ -	\$ 7,141,842
Other revenue	102,724	-	102,724
	<hr/>	<hr/>	<hr/>
<b>Total revenues, gains and other support</b>	<b>7,244,566</b>	<b>-</b>	<b>7,244,566</b>
<b>Expenses</b>			
Nursing services	1,173,451	-	1,173,451
Other professional services	1,889,725	-	1,889,725
Clinic services	1,373,460	-	1,373,460
General services	646,329	-	646,329
Administrative and fiscal services	1,684,043	33,259	1,717,302
Depreciation and amortization	477,351	-	477,351
Provision for bad debts	260,676	-	260,676
Interest	147,899	-	147,899
	<hr/>	<hr/>	<hr/>
<b>Total expenses</b>	<b>7,652,934</b>	<b>33,259</b>	<b>7,686,193</b>
<b>Operating Loss</b>	<b>(408,368)</b>	<b>(33,259)</b>	<b>(441,627)</b>
<b>Other Income</b>			
Investment income	74,889	9,549	84,438
Sales tax revenues	196,014	-	196,014
Contributions and other	43,555	52,836	96,391
	<hr/>	<hr/>	<hr/>
<b>Total other income</b>	<b>314,458</b>	<b>62,385</b>	<b>376,843</b>
<b>Revenues in Excess of (Less Than) of Expenses</b>	<b>(93,910)</b>	<b>29,126</b>	<b>(64,784)</b>
<b>Transfers from (to) Related Party</b>	<b>242,948</b>	<b>(242,948)</b>	<b>-</b>
<b>Change in Unrealized Gains and Losses on Investments</b>	<b>-</b>	<b>48,856</b>	<b>48,856</b>
<b>Contributions for Long-Lived Assets</b>	<b>104,006</b>	<b>183,157</b>	<b>287,163</b>
<b>Increase in Unrestricted Net Assets</b>	<b>\$ 253,044</b>	<b>\$ 18,191</b>	<b>\$ 271,235</b>

Unity Medical Center and Subsidiary  
Consolidating Statement of Changes in Net Assets  
Year Ended June 30, 2010

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	Medical Center	Foundation	Consolidated
<b>Unrestricted Net Assets</b>			
Revenues in excess of (less than) of expenses	\$ (93,910)	\$ 29,126	\$ (64,784)
Transfers from (to) related party	242,948	(242,948)	-
Change in unrealized gains and losses on investments	-	48,856	48,856
Contributions for long-lived assets	<u>104,006</u>	<u>183,157</u>	<u>287,163</u>
 Increase in unrestricted net assets	 <u>253,044</u>	 <u>18,191</u>	 <u>271,235</u>
<b>Temporarily Restricted Net Assets</b>			
Restricted contributions	8,125	131,412	139,537
Net assets released from restrictions	<u>(1,540)</u>	<u>(186,187)</u>	<u>(187,727)</u>
 Increase (decrease) in temporarily restricted net assets	 <u>6,585</u>	 <u>(54,775)</u>	 <u>(48,190)</u>
 Increase (Decrease) in Net Assets	 <u>259,629</u>	 <u>(36,584)</u>	 <u>223,045</u>
 Net Assets, Beginning of Year	 <u>1,934,285</u>	 <u>1,453,562</u>	 <u>3,387,847</u>
 Net Assets, End of Year	 <u>\$ 2,193,914</u>	 <u>\$ 1,416,978</u>	 <u>\$ 3,610,892</u>

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	2011	2010
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 62,020	\$ 85,156
Receivables		
Patient, net of estimated uncollectibles of \$814,000 in 2011 and \$402,000 in 2010	1,351,041	1,420,579
Estimated third-party payor settlements	133,000	214,000
Other	82,105	74,616
Supplies	105,952	99,876
Prepaid expenses	<u>53,256</u>	<u>54,091</u>
Total current assets	<u>1,787,374</u>	<u>1,948,318</u>
<b>Assets Limited as to Use</b>		
By Board for capital improvements	-	233
Under bond indenture agreement	<u>55,259</u>	<u>96,583</u>
Total assets limited as to use	<u>55,259</u>	<u>96,816</u>
<b>Property and Equipment, Net</b>	<u>3,317,685</u>	<u>3,690,908</u>
<b>Other Assets</b>		
Deferred financing costs, net	<u>58,362</u>	<u>60,537</u>
Total assets	<u>\$ 5,218,680</u>	<u>\$ 5,796,579</u>

Unity Medical Center and Subsidiary  
Balance Sheet – Hospital  
June 30, 2011 and 2010

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	2011	2010
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Notes payable	\$ 60,000	\$ 149,624
Current maturities of long-term debt	119,307	115,865
Accounts payable	306,126	336,488
Accrued expenses		
Salaries and wages	154,099	146,130
Vacation and sick	236,814	218,006
Interest	19,380	19,100
Other	49,911	59,500
Total current liabilities	<u>945,637</u>	<u>1,044,713</u>
Long-Term Debt, Less Current Maturities	<u>2,264,750</u>	<u>2,557,952</u>
<b>Total liabilities</b>	<u>3,210,387</u>	<u>3,602,665</u>
<b>Net Assets</b>		
Unrestricted	1,949,002	2,138,877
Temporarily restricted	59,291	55,037
Total net assets	<u>2,008,293</u>	<u>2,193,914</u>
<b>Total liabilities and net assets</b>	<u>\$ 5,218,680</u>	<u>\$ 5,796,579</u>

Unity Medical Center and Subsidiary  
 Schedules of Operations – Hospital  
 Years Ended June 30, 2011 and 2010

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	2011	2010
<b>Unrestricted Revenues, Gains and Other Support</b>		
Net patient service revenue	\$ 7,618,124	\$ 7,141,842
Other revenue	<u>126,315</u>	<u>102,724</u>
Total revenues, gains and other support	<u>7,744,439</u>	<u>7,244,566</u>
<b>Expenses</b>		
Nursing services	1,328,936	1,173,451
Other professional services	1,933,483	1,889,725
Clinic services	1,370,636	1,373,460
General services	615,314	646,329
Administrative and fiscal services	1,654,139	1,684,043
Depreciation and amortization	509,581	477,351
Provision for bad debts	839,697	260,676
Interest	<u>142,255</u>	<u>147,899</u>
Total expenses	<u>8,394,041</u>	<u>7,652,934</u>
<b>Operating Loss</b>	<u>(649,602)</u>	<u>(408,368)</u>
<b>Other Income</b>		
Investment income	53,845	74,889
Sales tax revenues	210,305	196,014
Contributions and other	<u>-</u>	<u>43,555</u>
Total other income	<u>264,150</u>	<u>314,458</u>
<b>Expenses in Excess of Revenues</b>	<u>(385,452)</u>	<u>(93,910)</u>
<b>Transfers from Related Party</b>	193,907	242,948
<b>Contributions for Long-Lived Assets</b>	<u>1,670</u>	<u>104,006</u>
<b>Increase (Decrease) in Unrestricted Net Assets</b>	<u>\$ (189,875)</u>	<u>\$ 253,044</u>

Unity Medical Center and Subsidiary  
 Schedules of Changes in Net Assets – Hospital  
 Years Ended June 30, 2011 and 2010

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	2011	2010
<b>Unrestricted Net Assets</b>		
Expenses in excess of revenues	\$ (385,452)	\$ (93,910)
Transfers from related party	193,907	242,948
Contributions for long-lived assets	<u>1,670</u>	<u>104,006</u>
Increase (decrease) in unrestricted net assets	<u>(189,875)</u>	<u>253,044</u>
<b>Temporarily Restricted Net Assets</b>		
Restricted contributions	5,924	8,125
Net assets released from restrictions	<u>(1,670)</u>	<u>(1,540)</u>
Increase in temporarily restricted net assets	<u>4,254</u>	<u>6,585</u>
<b>Increase (Decrease) in Net Assets</b>	<b>(185,621)</b>	<b>259,629</b>
<b>Net Assets, Beginning of Year</b>	<b>2,193,914</b>	<b>1,934,285</b>
<b>Net Assets, End of Year</b>	<b><u>\$ 2,008,293</u></b>	<b><u>\$ 2,193,914</u></b>

	2011		
	Inpatient	Outpatient	Total
<b>Patient Service Revenue</b>			
Routine care			
Medical and surgical	\$ 658,084	\$ 334,482	\$ 992,566
Swing bed	258,730	-	258,730
Total routine care	<u>916,814</u>	<u>334,482</u>	<u>1,251,296</u>
Ancillary services			
Clinic	-	2,033,014	2,033,014
Laboratory	148,611	1,123,729	1,272,340
Radiology	74,035	891,766	965,801
Physical therapy	51,292	503,925	555,217
Occupational therapy	13,527	5,003	18,530
Home health	-	7,662	7,662
Central service and supply	167,398	233,258	400,656
Anesthesia	24,676	78,282	102,958
Emergency room	21,385	869,209	890,594
Intravenous therapy	19,237	24,724	43,961
Respiratory therapy	108,345	220,451	328,796
Operating room	58,145	332,103	390,248
Pharmacy	195,096	144,095	339,191
Chemotherapy	-	551,676	551,676
Cardiac rehab	-	38,722	38,722
Electrocardiography	5,902	43,524	49,426
Observation	-	2,006	2,006
Recovery room	4,000	51,253	55,253
Electroencephalography	-	842	842
Diabetes education	-	23,694	23,694
Total ancillary services	<u>891,649</u>	<u>7,178,938</u>	<u>8,070,587</u>
	<u>\$ 1,808,463</u>	<u>\$ 7,513,420</u>	<u>9,321,883</u>
Less charity care			<u>(65,697)</u>
Total patient service revenue			<u>9,256,186</u>
<b>Contractual Adjustments</b>			
Medicare			(572,105)
Medicaid			(364,262)
Blue Cross/Blue Shield			(484,465)
Other			(217,230)
Total contractual adjustments			<u>(1,638,062)</u>
<b>Net Patient Service Revenue</b>			<u>\$ 7,618,124</u>

Unity Medical Center and Subsidiary  
 Schedules of Net Patient Service Revenue – Hospital  
 Years Ended June 30, 2011 and 2010

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2010		
Inpatient	Outpatient	Total
\$ 511,065	\$ 235,046	\$ 746,111
<u>344,037</u>	<u>-</u>	<u>344,037</u>
<u>855,102</u>	<u>235,046</u>	<u>1,090,148</u>
- 209,011	1,938,115 1,003,524	1,938,115 1,212,535
74,829	847,413	922,242
62,874	417,467	480,341
20,781	25,019	45,800
- 162,295	7,308 206,838	7,308 369,133
34,054	121,369	155,423
18,420	632,266	650,686
45,437	25,599	71,036
83,388	207,778	291,166
50,533	375,797	426,330
171,810	107,552	279,362
- 558,504	558,504	558,504
- 44,323	44,323	44,323
6,777	40,578	47,355
- 8,308	8,308	8,308
2,962	74,788	77,750
- 421	421	421
- 23,289	23,289	23,289
<u>943,171</u>	<u>6,666,256</u>	<u>7,609,427</u>
<u>\$ 1,798,273</u>	<u>\$ 6,901,302</u>	<u>8,699,575</u>
		<u>(60,359)</u>
		<u>8,639,216</u>
		(278,003)
		(558,809)
		(351,287)
		(309,275)
		<u>(1,497,374)</u>
		<u>\$ 7,141,842</u>

Unity Medical Center and Subsidiary  
 Schedules of Other Revenue – Hospital  
 Years Ended June 30, 2011 and 2010

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	2011	2010
Other Revenue		
Paramedic grant revenue	\$ 74,425	\$ 60,782
Medical records	5,621	4,091
Other	<u>46,269</u>	<u>37,851</u>
Total Other Revenue	<u><u>\$ 126,315</u></u>	<u><u>\$ 102,724</u></u>

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	2011		
	Salaries	Other	Total
<b>Nursing Services</b>			
General nursing	\$ 594,915	\$ 106,172	\$ 701,087
Operating room	105,981	185,434	291,415
Central supply	34,110	60,540	94,650
Emergency room	143,194	98,590	241,784
 Total nursing care	 878,200	 450,736	 1,328,936
<b>Other Professional Services</b>			
Laboratory	225,207	265,156	490,363
Electrocardiography	-	381	381
Radiology	158,479	294,309	452,788
Pharmacy	12,407	163,797	176,204
Anesthesia	-	81,858	81,858
Respiratory therapy	91,626	67,088	158,714
Physical therapy	202,549	9,340	211,889
Chemotherapy	35,845	277,071	312,916
Cardiac rehab	21,253	3,243	24,496
Diabetes education	21,539	2,027	23,566
Electroencephalography	-	308	308
 Total other professional services	 768,905	 1,164,578	 1,933,483
<b>Clinic Services</b>			
	1,314,004	56,632	1,370,636
<b>General Services</b>			
Dietary	76,809	37,378	114,187
Operation of plant	147,035	354,092	501,127
 Total general services	 223,844	 391,470	 615,314

Unity Medical Center and Subsidiary  
 Schedules of Expenses – Hospital  
 Years Ended June 30, 2011 and 2010

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2010		
<u>Salaries</u>	<u>Other</u>	<u>Total</u>
\$ 650,193	\$ 78,044	\$ 728,237
59,401	114,425	173,826
31,339	45,677	77,016
<u>124,562</u>	<u>69,810</u>	<u>194,372</u>
 <u>865,495</u>	 <u>307,956</u>	 <u>1,173,451</u>
 213,148	 299,571	 512,719
 -	 942	 942
 152,338	 237,569	 389,907
 11,760	 133,481	 145,241
 -	 96,298	 96,298
 92,939	 67,206	 160,145
 198,643	 10,995	 209,638
 37,622	 278,710	 316,332
 20,236	 11,278	 31,514
 25,705	 1,059	 26,764
 -	 225	 225
 <u>752,391</u>	 <u>1,137,334</u>	 <u>1,889,725</u>
 <u>1,289,345</u>	 <u>84,115</u>	 <u>1,373,460</u>
 74,238	 33,520	 107,758
 <u>154,587</u>	 <u>383,984</u>	 <u>538,571</u>
 <u>228,825</u>	 <u>417,504</u>	 <u>646,329</u>

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	2011		
	Salaries	Other	Total
<b>Administrative and Fiscal Services</b>			
Administrative	\$ 143,773	\$ 869,828	\$ 1,013,601
Business office	105,030	37,632	142,662
Medical records	189,038	13,789	202,827
Admitting	75,849	-	75,849
Accounting	87,193	66,700	153,893
Community relations	9,920	26,561	36,481
Infection control	26,958	1,868	28,826
 Total administrative and fiscal services	 637,761	 1,016,378	 1,654,139
 Depreciation and Amortization	 -	 509,581	 509,581
 Provision for Bad Debts	 -	 839,697	 839,697
 Interest	 -	 142,255	 142,255
 Total Expenses	 \$ 3,822,714	 \$ 4,571,327	 \$ 8,394,041

Unity Medical Center and Subsidiary  
 Schedules of Expenses – Hospital  
 Years Ended June 30, 2011 and 2010

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2010		
<u>Salaries</u>	<u>Other</u>	<u>Total</u>
\$ 169,190	\$ 876,306	\$ 1,045,496
109,782	35,349	145,131
184,159	18,157	202,316
74,599	-	74,599
91,200	55,321	146,521
10,269	28,119	38,388
28,700	2,892	31,592
<hr/> <u>667,899</u>	<hr/> <u>1,016,144</u>	<hr/> <u>1,684,043</u>
<hr/> -	<hr/> <u>477,351</u>	<hr/> <u>477,351</u>
<hr/> -	<hr/> <u>260,676</u>	<hr/> <u>260,676</u>
<hr/> -	<hr/> <u>147,899</u>	<hr/> <u>147,899</u>
<hr/> <u>\$ 3,803,955</u>	<hr/> <u>\$ 3,848,979</u>	<hr/> <u>\$ 7,652,934</u>

**Unity Medical Center and Subsidiary**  
**Statistical and Financial Highlights – Hospital**  
**Five Years Ended June 30, 2011**

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	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>
<b>Statistical</b>					
Adult days	873	708	861	760	764
Swing bed days	738	1,030	1,080	747	774
Discharges - adult	220	219	260	242	252
Discharges - swing-bed	56	68	98	65	68
Average length of stay - adult	4.0	3.2	3.3	3.1	3.0
Average length of stay - swing-bed	13.2	15.1	11.0	11.5	11.4
Clinic visits	12,941	13,733	17,312	17,467	19,705
<b>Financial</b>					
Current ratio	1.9 to 1	1.9 to 1	1.4 to 1	1.2 to 1	1.9 to 1
Number of days revenue in patient receivables, net	64.7	72.6	78.2	65.6	66.0
Contractual adjustments as a percentage of total patient service revenue	17.7%	17.3%	21.3%	19.0%	20.0%
Salaries as a percentage of total expenses	45.5%	49.7%	48.0%	50.7%	50.3%