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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2013
Open to Public
Inspection► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable Address change <input checked="" type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending <input type="checkbox"/>	C Name of organization UNITYPOINT AT HOME Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 11333 AURORA AVENUE	D Employer identification number 42-1477471
	Room/suite	E Telephone number 515-557-3100
	City or town, state or province, country, and ZIP or foreign postal code URBANDALE, IA 50322	G Gross receipts \$ 116,176,639.
	F Name and address of principal officer PHYLLIS STADTLANDER SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) 4947(a)(1) or 527	J Website: ► WWW.UNITYPOINT.ORG/HOMECARE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1998	M State of legal domicile IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH HEALING, CARING AND TEACHING.</u>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	7
	3 Number of voting members of the governing body (Part VI, line 1a)	4	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	1249
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	6	417
	6 Total number of volunteers (estimate if necessary)	7a	250,505.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7b	33,169.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,582,335.	1,417,038.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,449,881.	91,954,832.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,691,756.	2,616,386.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,553.	107,004.
		98,775,525.	96,095,260.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,395.	6,550.
	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)	61,474,943.	61,560,162.
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► <u>134,646.</u>	25,764.	25,340.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,247,216.	29,040,725.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	91,754,318.	90,632,777.
19 Revenue less expenses Subtract line 18 from line 12	7,021,207.	5,462,483.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	52,234,377.	57,356,947.
	21 Total liabilities (Part X, line 26)	13,845,776.	13,263,391.
	22 Net assets or fund balances Subtract line 21 from line 20	-38,388,601.	44,093,556.

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 SCANNED DEC 18 2014	► Signature of officer  CRAIG R. FLANAGAN, VP/CFO Type or print name and title	11/12/2014 Date		
	Print/Type preparer's name	Preparer's signature	Date	Check if self employed <input type="checkbox"/>
Paid Preparer Use Only	Firm's name ►	PTIN		
	Firm's address ►	Firm's EIN ►	Phone no.	

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

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Yes No

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission**TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH HEALING, CARING AND TEACHING.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code _____) (Expenses \$ 67,155,413. including grants of \$ 6,550.) (Revenue \$ 92,061,836.)
HEALTH CARE SERVICES

UNITYPOINT AT HOME PROVIDES HOME HEALTH SERVICES FOR PEOPLE IN NEED WITH THE PURPOSE TO IMPROVE THE COMMUNITY'S OVERALL HEALTH AND ACCESS TO CARE. HIGHEST PRIORITY IS GIVEN TO LOW-INCOME INDIVIDUALS BUT SERVICES ARE AVAILABLE TO ALL RESIDENTS. ALL SERVICES ARE PROVIDED REGARDLESS OF AN INDIVIDUAL'S RACE, CREED, SEX, NATIONALITY, HANDICAP, AGE OR ABILITY TO COMPENSATE FOR SERVICES RENDERED. HOME HEALTH CARE SERVICES PROVIDED AND PEOPLE SERVED MAY INCLUDE BUT ARE NOT LIMITED TO: CASE MANAGEMENT, CERTIFIED NURSING, PRIVATE DUTY NURSING, PALLIATIVE CARE, HOSPICE, INFUSION SERVICES, HOME MEDICAL EQUIPMENT, MATERNAL HEALTH CLINICS, NURSING CARE, SUPPORT TO HIGH RISK NEW PARENTS AND

4b (Code _____) (Expenses \$ 5,351,831. including grants of \$ 0.) (Revenue \$ 0.)
COMMUNITY BENEFITS

UNITYPOINT AT HOME PROVIDES CHARITY CARE AND OTHER MEANS-TESTED PROGRAMS WITH THE GOAL OF IMPROVING THE COMMUNITY'S HEALTH AND ACCESS TO CARE. THIS INCLUDES PROVIDING HEALTH CARE SERVICES REGARDLESS OF A PATIENT'S INSURANCE COVERAGE OR FINANCIAL STATUS. CHARITY CARE AND PARTIAL TO FULL FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS ON A CASE-BY-CASE BASIS. CHARITY CARE WAS MADE AVAILABLE AT A VALUE OF \$344,023 IN 2013. OFTENTIMES, UNITYPOINT AT HOME RECEIVES PAYMENTS FROM PAYORS OR PATIENTS THAT ARE LESS THAN ITS CHARGES FOR SERVICES. UNITYPOINT AT HOME PARTICIPATES IN MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. UNITYPOINT AT HOME'S NET

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 ► 72,507,244.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	221
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1249
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	Section 501(c)(7) organizations. Enter	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	Section 501(c)(12) organizations. Enter	13a	
a	Gross income from members or shareholders	13b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13c	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Form 990 (2013)	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	7
1b		1b	5
2	Enter the number of voting members included in line 1a, above, who are independent	2	<input checked="" type="checkbox"/>
3	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	<input checked="" type="checkbox"/>
4	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	<input checked="" type="checkbox"/>
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<input checked="" type="checkbox"/>
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members or stockholders?	7a	<input checked="" type="checkbox"/>
7b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7b	<input checked="" type="checkbox"/>
8a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	<input checked="" type="checkbox"/>
8b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8b	<input checked="" type="checkbox"/>
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	9	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15a	<input checked="" type="checkbox"/>
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?	15b	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	16b	<input checked="" type="checkbox"/>
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
CRAIG R. FLANAGAN, VP/CFO - 515-557-3100
1133 AURORA AVENUE, URBANDALE, IA 50322

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
PASTOR STACIE FIDLAR	1.00								
BOARD MEMBER	0.00	X					0.	0.	0.
PHIL GUNDERSON	1.00								
BOARD VICE CHAIR	1.00	X		X			0.	0.	0.
NORMA HAGENOW	1.00								
BOARD MEMBER	0.00	X					0.	0.	0.
BERGEN PETERSON	1.00								
BOARD MEMBER	40.00	X					0.	135,248.	32,645.
MARIA ISABEL PINEIRO VAN DORN	1.00								
BOARD MEMBER	0.00	X					0.	0.	0.
MARK PURTLE, MD	1.00								
BOARD CHAIR	40.00	X		X			0.	454,378.	302,969.
RICH WELLMAN	1.00								
BOARD SECRETARY/TREASURER	0.00	X		X			0.	0.	0.
GARY BARGSTADT	40.00								
VP/COO	0.00			X			173,423.	0.	14,595.
SANDRA DIELEMAN (TO 3/13)	40.00								
VP/CFO/CAO	0.00			X			85,070.	0.	8,930.
CRAIG FLANAGAN (FROM 5/13)	40.00								
VP/CFO	0.00			X			102,865.	78,634.	34,021.
PHYLLIS STADTLANDER	40.00								
PRESIDENT/CEO	1.00			X			244,112.	0.	60,762.
TAMMY STAPP	40.00								
VP/CHIEF OPERATING OFFICER	0.00			X			200,921.	0.	43,185.
ALAN KAPLAN	1.00								
CHIEF MEDICAL OFFICER	40.00			X			0.	755,427.	258,250.
MONIQUE REESE	40.00								
VP/CHIEF CLINICAL OFFICER	0.00			X			230,178.	0.	8,842.
DIANNE SCHULTZ	40.00								
VP OPERATIONS	1.00			X			79,445.	105,248.	9,967.
PAMELA MUEHLING	40.00								
PHYSICAL THERAPIST II	0.00			X			129,973.	0.	19,000.
HEATHER NAHAS	40.00								
DIR-CORP COMMUNICATIONS	0.00			X			131,384.	0.	21,752.

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

3 Total number

c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c)

d Total (add lines 1b and 1c)

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

22

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
TRUECARE LLC PO BOX 7585, URBANDALE, IA 50323	STAFFING AGENCY	2,180,850.
A-1 CAREERS, INC. PO BOX 25830, SHAWNEE MISSION, KS 66225	STAFFING AGENCY	1,104,644.
AUTOMOTIVE RENTALS, INC., PO BOX 8500-4375, PHILADELPHIA, PA 19178-4375	VEHICLE LEASING AGENCY	559,565.
MAXIM HEALTHCARE SERVICES, 12558 COLLECTIONS CENTER DR, CHICAGO, IL 60693	STAFFING AGENCY	442,804.
VERIZON WIRELESS 151 COLLINS RD NE, CEDAR RAPIDS, IA 52402	PHONE SERVICE	429,482.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	9	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 9

9

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 563,522. 1e 600,621. 1f 252,895. 1,417,038.			
Program Service Revenue	2 a HOME HEALTH CARE SERV b MANAGEMENT, IT & SUPPORT SERVICES c SUBS & JOINT VENTURES d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 621610 561000 900099 91,954,832.	89,939,104. 1,878,325. 137,403. 91,954,832.	89,705,877. 1,878,325. 120,125. 91,954,832.	233,227. 17,278.
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue See instructions. ►	(i) Real 21,072,892. 19,761,643. 1,311,249. (ii) Personal 669,449. 319,736. 349,713. a b a b a b a b a b Business Code 900099 107,004. 107,004. 107,004. 96,095,260. 91,811,331. 250,505. 2,616,386.	955,424. 1,660,962. 1,660,962.		955,424.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII</i>	(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 United States. See Part IV, line 21	6,550.	6,550.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,480,200.		1,480,200.	
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	49,285,047.	40,491,951.	8,710,298.	82,798.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,659,207.	1,301,599.	350,523.	7,085.
9 Other employee benefits	5,836,068.	4,801,036.	1,032,760.	2,272.
10 Payroll taxes	3,299,640.	2,710,620.	583,086.	5,934.
11 Fees for services (non-employees)				
a Management	941,497.	11,662.	929,835.	
b Legal	15,996.		15,996.	
c Accounting	64.		64.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,340.			25,340.
f Investment management fees	124,628.		124,628.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,246,006.	1,719,179.	526,827.	
12 Advertising and promotion	642,974.	550,526.	92,448.	
13 Office expenses	1,938,270.	1,587,357.	349,105.	1,808.
14 Information technology	4,166,867.	2,942,820.	1,224,047.	
15 Royalties				
16 Occupancy	1,612,521.	223,864.	1,388,657.	
17 Travel	1,617,774.	1,317,349.	299,699.	726.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,051.	7,363.	45,688.	
20 Interest	30,972.	4,277.	26,695.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,764,905.	1,433,810.	331,095.	
23 Insurance	409,851.	61,770.	348,081.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	12,582,286.	12,577,731.	4,555.	
b BAD DEBT EXPENSE	626,980.	626,980.		
c MISCELLANEOUS EXPENSE	218,683.	130,800.	79,200.	8,683.
d INCOME TAXES	47,400.		47,400.	
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	90,632,777.	72,507,244.	17,990,887.	134,646.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ➤ if following SOP 98-2 (ASC 958-720)

332010 10-29-13

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	3,296,843.	1 8,411,614.	
	2 Savings and temporary cash investments	2,523,353.	2 4,465,700.	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4 17,669,962.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5 14,196,413.	
	6 Loans and other 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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	2,248,335.	7 1,462,107.	
	8 Inventories for sale or use	1,255,178.	8 1,565,665.	
	9 Prepaid expenses and deferred charges	101,223.	9 78,431.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,349,364.		
	b Less accumulated depreciation	10b 8,321,146.	10c 6,519,541. 10d 6,028,218.	
	11 Investments - publicly traded securities		11 18,102,500.	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11	517,442.	13 561,248.	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,234,377.	16 57,356,947.		
Liabilities	17 Accounts payable and accrued expenses	9,518,738.	17 9,205,954.	
	18 Grants payable		18	
	19 Deferred revenue		19 26,250.	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	551,502.	23 350,422.	
	24 Unsecured notes and loans payable to unrelated third parties	695,861.	24 695,861.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,079,675.	25 2,984,904.	
	26 Total liabilities. Add lines 17 through 25	13,845,776.	26 13,263,391.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	38,056,276.	27 43,744,828.	
	28 Temporarily restricted net assets	332,325.	28 348,728.	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	38,388,601.	33 44,093,556.	
	34 Total liabilities and net assets/fund balances	52,234,377.	34 57,356,947.	

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	96,095,260.
2 Total expenses (must equal Part IX, column (A), line 25)	2	90,632,777.
3 Revenue less expenses Subtract line 2 from line 1	3	5,462,483.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,388,601.
5 Net unrealized gains (losses) on investments	5	242,472.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,093,556.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	X
	3b	

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Internal Revenue Service

INITIATIVEPOINT AT HOME

Employer identification number

UNITYPOINT AT HOME

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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> 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
e	<input type="checkbox"/> a <input type="checkbox"/> Type I <input type="checkbox"/> b <input type="checkbox"/> Type II <input type="checkbox"/> c <input type="checkbox"/> Type III - Functionally integrated <input type="checkbox"/> d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii)	A family member of a person described in (i) above?
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s)

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

(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 monetary support
				Yes	No		
Total							

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,050,737.	466,442.	1,683,428.	1,582,335.	1,417,038.	6,199,980.
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	50,880,911.	56,665,265.	87,480,501.	93,771,400.	91,954,832.	380,752,909.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	130,210.	132,918.	30,197.	51,553.	107,004.	451,882.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	52,061,858.	57,264,625.	89,194,126.	95,405,288.	93,478,874.	387,404,771.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						387,404,771.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	52,061,858.	57,264,625.	89,194,126.	95,405,288.	93,478,874.	387,404,771.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	472,417.	505,399.	372,215.	505,849.	955,424.	2,811,304.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	472,417.	505,399.	372,215.	505,849.	955,424.	2,811,304.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	126,127.	247,834.	262,044.	223,603.	250,505.	1,110,113.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	52,660,402.	58,017,858.	89,828,385.	96,134,740.	94,684,803.	391,326,188.

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 2013 (line 8, column (f) divided by line 13, column (f))	15	99.00	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.08	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.72	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.64	%
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

Part IV

Supplemental Information. 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)

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2013Open to Public
Inspection► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

UNITYPOINT AT HOME

Employer identification number
42-1477471**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 No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

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

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

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV **Escrow and Custodial Arrangements**. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V **Endowment Funds**. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	332,325.	351,826.	60,422.	71,425.	2,007,900.
b Contributions	531,004.	783,065.	875,890.	245,006.	199,654.
c Net investment earnings, gains, and losses					
d Grants or scholarships					1,965,738.
e Other expenditures for facilities and programs	514,601.	802,566.	584,486.	256,009.	169,379.
f Administrative expenses					1,012.
g End of year balance	348,728.	332,325.	351,826.	60,422.	71,425.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► .00 %

b Permanent endowment ► .00 %

c Temporarily restricted endowment ► 100.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

by

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		160,000.		160,000.
b Buildings		3,588,400.	1,940,137.	1,648,263.
c Leasehold improvements				
d Equipment	10,600,964.		6,381,009.	4,219,955.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				► 6,028,218.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	468,147.
(3) SELF-INSURANCE RESERVE	1,749,871.
(4) HEALTH AND WELFARE BENEFITS	
(5) RESERVE	566,011.
(6) IOWA HEALTH SYSTEM NOTE PAYABLE	105,000.
(7) LONG-TERM RETENTION INCENTIVES	95,875.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	2,984,904.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1 Total revenue, gains, and other support per audited financial statements	1	95,968,000.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	242,472.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	2e	242,472.
3 Subtract line 2e from line 1	3	95,725,528.
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	40,734.
b Other (Describe in Part XIII)	4b	328,998.
c Add lines 4a and 4b	4c	369,732.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	96,095,260.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1 Total expenses and losses per audited financial statements	1	89,631,000.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	151.
e Add lines 2a through 2d	2e	151.
3 Subtract line 2e from line 1	3	89,630,849.
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	40,734.
b Other (Describe in Part XIII)	4b	961,194.
c Add lines 4a and 4b	4c	1,001,928.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	90,632,777.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

THE SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES IN THE U.S. FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE YEARS BEFORE 2010. THE SYSTEM HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME DURING THE CARRYFORWARD PERIOD. NO INCOME TAX BENEFIT HAS BEEN RECOGNIZED FOR THE NET OPERATING LOSS CARRYFORWARDS OR OTHER POTENTIAL DEFERRED TAX ASSETS IN THE CONSOLIDATED FINANCIAL STATEMENTS BECAUSE THE SYSTEM BELIEVES REALIZATION OF THESE BENEFITS IS UNLIKELY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUES IN TEMPORARILY RESTRICTED FUND BALANCE	16,403.
REVENUES IN UNRESTRICTED FUND BALANCE	312,543.
ROUNDING	52.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	328,998.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING	151.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES IN UNRESTRICTED FUND BALANCE	961,194.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2013

Open To Public
Inspection

Name of the organization

UNITYPOINT AT HOME

Employer identification number
42-1477471

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

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
IOWA HEALTH FOUNDATION - 1415 WOODLAND AVE. SUITE E-200,	RECEIPTING OF MEMORIALS/MAILINGS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	404,237.	16,500.	387,737.
TRINITY HEALTH FOUNDATION - 802 KENYON RD., FORT DODGE,	RECEIPTING OF MEMORIALS/MAILINGS	X	134,978.	8,840.	126,138.
Total			539,215.	25,340.	513,875.

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

IA, IL

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

Schedule G (Form 990 or 990-EZ) 2013

SEE PART IV FOR CONTINUATIONS

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09-12-13

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

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

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

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				►
8 Net gaming income summary Subtract line 7 from line 1, column (d)				►

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

13a	%
13b	%

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

PART I, LINE 2B, COLUMN (V): _____

**WE WORK COLLABORATIVELY WITH FUNDRAISERS ON PROJECTS AND
 METHODS TO RAISE FUNDS. WE HAVE THE ULTIMATE DECISION AS TO METHODS,
 PROJECTS AND EVENTS THAT ARE DONE. ALL RECEIPTING AND IRS RELATED ISSUES
 ARE HANDLED BY THE FOUNDATION.** _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITYPOINT AT HOME

Employer identification number
42-1477471

Part I Questions Regarding Compensation

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

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input 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)

	Yes	No
1a		
1b	X	

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

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

2	X
---	---

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

3	
4a	X
4b	X
4c	X

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

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

4a	
4b	X
4c	X

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

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

a The organization?

5a	X
5b	X

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?

6a	X
6b	X

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

7	X
8	X

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

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

9	
---	--

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

Schedule J (Form 990) 2013

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09-13-13

Bart II Officers Directors

Key Employees and Highest Co

For more information on the organization, see [www.1.org](#) and [www.1.org/communications](#).

each individual whose compensation must be reported in detail.

ALIAS The sum of all columns (DVA) (i.e. for each listed individual source annual above total amount of Form 0000 Part VII Section A line 1a, deductible column (D) and (E) column for that individual

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1A:**FIRST-CLASS OR CHARTER TRAVEL:**

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

TRAVEL FOR COMPANIONS:

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

PART I, LINE 4B:**SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:**

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: CRAIG FLANAGAN \$9,917; ALAN KAPLAN \$223,585; MARK PURTLE \$271,634; PHYLLIS STADTLANDER \$36,107 AND TAMMY STAPP \$14,043.

Part IV Business Transactions Involving Interested Persons.

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

Part V **Supplemental Information**

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

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

(A) NAME OF PERSON: WEST LAKES MEDICAL EQUIPMENT, L.L.C.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COMMON BOARD MEMBER/OFFICER

(C) AMOUNT OF TRANSACTION \$ 515.000.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT AND MANAGEMENT FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITYPOINT AT HOME

Employer identification number
42-1477471

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

NEWBORNS, PARENTING SUPPORT, CHILD HEALTH CLINICS, HEALTH MAINTENANCE

VISITS AND SCREENINGS, IMMUNIZATION CLINICS, SENIOR CITIZENS,

DISABLED, ILL, HANDICAPPED AND TERMINALLY ILL. SERVICES MAY BE

PROVIDED ON A ONE-TIME, INTERMITTENT, PART-TIME OR LONG-TERM BASIS.

UNITYPOINT AT HOME MADE 224,126 HOME VISITS IN 2013.

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

COST OF PROVIDING CARE FOR WHICH IT RECEIVES PAYMENT BELOW ITS COSTS IS

\$4,364,490 FOR 2013. TOTAL CHARITY CARE AND MEANS-TESTED PROGRAMS

REPORTED VALUE: \$4,708,513.

OTHER BENEFITS: UNITYPOINT AT HOME PROVIDES SEVERAL ADDITIONAL HEALTH

IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS THAT SUPPORT ITS

MISSION OF IMPROVING THE HEALTH OF ITS COMMUNITY THROUGH HEALING,

CARING AND TEACHING. PROGRAMS INCLUDE BUT ARE NOT LIMITED TO:

PREVENTION AND HEALTH SCREENINGS; SUBSIDIZED HEALTH SERVICES;

CONTINUING EDUCATION FOR HEALTH PROFESSIONALS; RESEARCH; AND CASH AND

IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS. UNITYPOINT AT HOME PARTNERS

WITH HOSPITALS, CHURCHES, SCHOOLS, CHAMBERS OF COMMERCE AND CHILDCARE

CENTERS TO IMPROVE COMMUNITY HEALTH AND EXPAND ACCESS TO HEALTH CARE.

APPROXIMATELY 290,407 PERSONS WERE SERVED THROUGH THESE PROGRAMS.

TOTAL OTHER BENEFITS REPORTED VALUE: \$643,318.

FORM 990, PART VI, SECTION A, LINE 4:

UNITYPOINT AT HOME LEGALLY CHANGED THEIR NAME IN 2013; THUS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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AMENDING THE ARTICLES OF INCORPORATION AND BYLAWS OF THE ORGANIZATION.

UNITYPOINT AT HOME INCREASED THE MAXIMUM NUMBER OF DIRECTORS ON THE GOVERNING BOARD TO 15 VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6:

IOWA HEALTH SYSTEM, A TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS THE SOLE MEMBER.

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

THE SOLE MEMBER, IOWA HEALTH SYSTEM, HAS THE POWER TO NOMINATE AND APPOINT BOARD OF DIRECTORS.

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

THE SOLE MEMBER, IOWA HEALTH SYSTEM, HAS THE POWER TO APPROVE CHANGES IN ARTICLES AND BYLAWS, DISSOLUTIONS OR MERGERS, AND APPOINT BOARD OF DIRECTORS. AFFILIATE ORGANIZATIONS THAT HAVE TRANSFERRED HOME HEALTH OPERATIONS TO THE ORGANIZATION HAVE THE RIGHT TO NOMINATE AT LEAST ONE BOARD MEMBER, SUBJECT TO APPROVAL BY IOWA HEALTH SYSTEM.

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

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

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY

ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE

REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF

INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED

ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES

FROM ALL PERSONS.

THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER,

DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN: 1) HAS ACCESS TO A COPY OF

THE CONFLICT OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3)

AGREES TO COMPLY WITH THE POLICY; 4) UNDERSTANDS THAT THE POLICY APPLIES TO

ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS; AND 5)

UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN

ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE

PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT

PURPOSES.

SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE

INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH

INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS

ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE

OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO

A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL

PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE

DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT

ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND

COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE

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PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION.

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

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

IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS: 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A

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CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES;

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

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

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

THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF

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

BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR APPROXIMATELY THE TOP FIFTY EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER EXECUTIVES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE

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ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE
IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION
AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION
OR BENEFITS AS PROHIBITED BY SECTION 4958.

THE ANNUAL REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN
DECEMBER 2013 FOR THE FOLLOWING INDIVIDUALS: CRAIG FLANAGAN; ALAN KAPLAN;
MARK PURTLE, MD; PHYLLIS STADTLANDER AND TAMMY STAPP.

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

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON
REQUEST THROUGH THE IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, LEGAL
DEPARTMENT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE PUBLICLY AVAILABLE ON THE IOWA HEALTH SYSTEM WEBSITE,
WWW.UNITYPOINT.ORG.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?
Yes	No					
CENTRAL IOWA HEALTH PROPERTIES CORPORATION - 42-1233759, 1200 PLEASANT STREET, DES MOINES, IA 50309	PROPERTY HOLDING COMPANY	IOWA	501(C) (2)		CENTRAL IOWA HEALTH SYSTEM	X
CENTRAL IOWA HEALTH SYSTEM - 42-1189791 1200 PLEASANT STREET DES MOINES, IA 50309	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X
CENTRAL IOWA HOSPITAL CORPORATION - 42-0680452, 1200 PLEASANT STREET, DES MOINES, IA 50309	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A) (III)	CENTRAL IOWA HEALTH SYSTEM	X
FINLEY TRI-STATES HEALTH GROUP, INC. - 42-1307495, 350 NORTH GRANDVIEW AVENUE, DES MOINES, IA 52001	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X
HULT CENTER FOR HEALTHY LIVING, INC. - 36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL 61614	MISSION TO IMPROVE HEALTH EDUCATION TO THE COMMUNITY	ILLINOIS	501(C) (3)	170(B) (1) (A) (VI)	PROCTOR HOSPITAL	X
IOWA HEALTH FOUNDATION - 42-1467682 1415 WOODLAND AVE., SUITE E-200	CHARITABLE FUNDRAISING	IOWA	501(C) (3)	170(B) (1) (A) (VI)	CENTRAL IOWA HEALTH SYSTEM	X
DES MOINES, IA 50309 IOWA HEALTH SYSTEM - 42-1435199 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE III	IOWA HEALTH SYSTEM	X
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 42-1411630, 8101 BIRCHWOOD COURT, JOHNSTON, IA 50131	PRIMARY HEALTH CARE SERVICES	IOWA	501(C) (3)	170(B) (1) (A) (III)	IOWA HEALTH SYSTEM	X
MEMORIAL FOUNDATION OF ALLEN HOSPITAL - 42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA 50703	CHARITABLE FUNDRAISING	IOWA	501(C) (3)	170(B) (1) (A) (VI)	ALLEN HEALTH SYSTEMS, INC.	X
METHODIST HEALTH SERVICES CORPORATION - 37-1111135, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C) (3)	509(A) (3), TYPE III	IOWA HEALTH SYSTEM	X
METHODIST MEDICAL CENTER FOUNDATION - 51-0186460, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	CHARITABLE FUNDRAISING	ILLINOIS	501(C) (3)	170(B) (1) (A) (VI)	METHODIST HEALTH SERVICES CORPORATION	X
METHODIST MEDICAL CENTER OF ILLINOIS - 37-0661223, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	HOSPITAL	ILLINOIS	501(C) (3)	170(B) (1) (A) (III)	METHODIST HEALTH SERVICES CORPORATION	X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?
Yes	No					
METHODIST SERVICES, INC. - 37-1111134 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636	OFFICE RENTAL PAY MEDICAL BILLS OF RETIRIED TEACHERS UNABLE TO PAY	ILLINOIS	501(C)(3)	509(A)(2)	METHODIST HEALTH SERVICES CORPORATION	X
NELLIE R. SHERWOOD TRUST - 42-6061621 1026 A AVENUE NE CEDAR RAPIDS, IA 52402		IAOWA	501(C)(3)	509(A)(3), TYPE I	ST. LUKE'S METHODIST HOSPITAL	X
NORTH CENTRAL IOWA MENTAL HEALTH CENTER, INCORPORATED - 42-0937390, 720 KENYON DRIVE, FORT DODGE, IA 50501	MENTAL HEALTH CARE	IAOWA	501(C)(3)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.	X
NORTHWEST IOWA HOSPITAL CORPORATION - 42-1019872, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104	HOSPITAL	IAOWA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM	X
PROCTOR HEALTH CARE INCORPORATED - 37-1133412, 5409 N KNOXVILLE AVE, PEORIA, IL 61614	SUPPORT AFFILIATES, MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	METHODIST HEALTH SERVICES CORPORATION	X
PROCTOR HEALTH SYSTEMS - 36-4147437 5409 N KNOXVILLE AVE PEORIA, IL 61614	PRIMARY HEALTH CARE SERVICES	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	PROCTOR HEALTH CARE INCORPORATED	X
PROCTOR HOSPITAL - 37-0681540 5409 N KNOXVILLE AVE PEORIA, IL 61614	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	PROCTOR HEALTH CARE INCORPORATED	X
SELF INSURANCE TRUST AGREEMENT EST. BY METHODIST MEDICAL CENTER OF ILLINOIS , 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	FUND SELF- INSURANCE PLAN	ILLINOIS	501(C)(3)	509(A)(3), TYPE I	METHODIST MEDICAL CENTER OF ILLINOIS	X
SIOUXLAND PACE, INC. - 26-1120134 313 COOK STREET SIOUX CITY, IA 51103	ALL-INCLUSIVE CARE FOR THE ELDERLY	IAOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTH SYSTEM, INC.	X
ST. LUKE'S HEALTH RESOURCES - 42-1059182 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	OUTPATIENT CLINICS AND HEALTHCARE SERVICES	IAOWA	501(C)(3)	509(A)(2)	ST. LUKE'S HEALTH SYSTEM, INC.	X
ST. LUKE'S HEALTH SYSTEM, INC. - 42-1294091 2720 STONE PARK BLVD. SIOUX CITY, IA 51104	SUPPORT AFFILIATES, MISSION TO IMPROVE HEALTH CARE	IAOWA	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM	X
ST. LUKE'S HEALTHCARE - 42-1487968 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	SUPPORT AFFILIATES, MISSION TO IMPROVE HEALTH CARE	IAOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 52(b)(3) controlled organization?
ST. LUKE'S METHODIST HOSPITAL - 42-0504780 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A) (III)	ST. LUKE'S HEALTHCARE	X
ST. LUKE'S/JONES REGIONAL MEDICAL CENTER - 42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA, IA 52205	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A) (III)	ST. LUKE'S HEALTHCARE	X
STL CARE COMPANY - 42-1276632 1026 A AVENUE NE CEDAR RAPIDS, IA 52402	IMPROVE PUBLIC HEALTH SERVICES	IOWA	501(C) (3)	509(A) (2)	ST. LUKE'S HEALTHCARE	X
THE DUBUQUE VISITING NURSE ASSOCIATION - 42-0680410, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	PUBLIC HEALTH SERVICES/HOME CARE	IOWA	501(C) (3)	509(A) (2)	FINLEY TRI-STATES HEALTH GROUP, INC.	X
THE FINLEY HOSPITAL - 42-0680354 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001	HOSPITAL	IOWA	501(C) (3)	170(B) (1) (A) (III)	FINLEY TRI-STATES HEALTH GROUP, INC.	X
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH - 36-3678909, 2701 17TH STREET, ROCK ISLAND, IL 61201	MENTAL HEALTH CARE	ILLINOIS	501(C) (3)	170(B) (1) (A) (VI)	TRINITY REGIONAL HEALTH SYSTEM	X
TRIMARK PHYSICIANS GROUP - 45-3791448 802 KENYON ROAD FORT DODGE, IA 50501	SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES	IOWA	501(C) (3)	170(B) (1) (A) (III)	TRINITY HEALTH SYSTEMS, INC.	X
TRINITY BUILDING CORPORATION - 42-1376187 802 KENYON ROAD FORT DODGE, IA 50501	PROPERTY HOLDING COMPANY	IOWA	501(C) (2)		TRINITY HEALTH SYSTEMS, INC.	X
TRINITY HEALTH FOUNDATION - 42-1222381 2701 17TH STREET ROCK ISLAND, IL 61201	CHARITABLE FUNDRAISING	ILLINOIS	501(C) (3)	170(B) (1) (A) (VI)	TRINITY REGIONAL HEALTH SYSTEM	X
TRINITY HEALTH SYSTEMS, INC. - 42-1222877 802 KENYON ROAD FORT DODGE, IA 50501	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C) (3)	509(A) (3), TYPE II	IOWA HEALTH SYSTEM	X
TRINITY MEDICAL CENTER - 36-2739299 2701 17TH STREET ROCK ISLAND, IL 61201	HOSPITAL	ILLINOIS	501(C) (3)	170(B) (1) (A) (III)	TRINITY REGIONAL HEALTH SYSTEM	X

Part II Continuation of Identification of Related Tax Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 52(b)(3) controlled organization?
Yes	No					
TRINITY REGIONAL HEALTH SYSTEM - 36-3351952 2701 17TH STREET ROCK ISLAND, IL 61201	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM	X
TRINITY REGIONAL HOSPITAL AUXILIARY - 42-6081474, 802 KENYON ROAD, FORT DODGE, IA 50501	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IOWA	501(C)(3)	509(A)(2)	TRINITY REGIONAL MEDICAL CENTER	X
TRINITY REGIONAL MEDICAL CENTER - 42-1009175 802 KENYON ROAD FORT DODGE, IA 50501	HOSPITAL	IOWA	501(C)(3)	(A)(III)	TRINITY HEALTH SYSTEMS, INC.	X
UNITY HEALTHCARE - 42-0680337 1518 MULBERRY AVENUE MUSCATINE, IA 52761	HOSPITAL	IOWA	501(C)(3)	(A)(III)	TRINITY REGIONAL HEALTH SYSTEM	X
UNITY HEALTHCARE FOUNDATION - 42-1525031 1518 MULBERRY AVENUE MUSCATINE, IA 52761	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE I	TRINITY REGIONAL HEALTH SYSTEM	X
UNITYPOINT AT HOME - 42-1477471 11333 AURORA AVENUE URBANDALE, IA 50322	HOME HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM	X

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Percentage managing partner?	General or Percentage ownership
ALLEN MEMORIAL HOSPITAL ORTHOPEDIC CO-MANAGEMENT CO., LLC - 45-3237125, 1825 LOGAN AVE, WATERLOO, IA 50703	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A	Yes	No	Yes	No
CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO., L.L.C. - 27-3625859, 1200 PLEASANT ST., DES MOINES, IA 50309	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A				
CENTRAL IOWA ONCOLOGY CO-MANAGEMENT COMPANY - 45-3017991, 1200 PLEASANT STREET, DES MOINES, IA 50309	ONCOLOGY MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A				
DUBUQUE ENDOSCOPY CENTER, L.C. - 20-1597161, 1515 DELHI STREET, SUITE 500, DUBUQUE, IA 52001	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A				

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(3) controlled entity?
ASSOCIATED CHIROPRACTIC PROVIDERS, INC. - 37-1304745, 5409 N KNOXVILLE AVE, PEORIA, IL 61614	CHIROPRACTIC SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	Yes
BELCREST SERVICES LTD - 37-1196307 5409 N KNOXVILLE AVE PEORIA, IL 61614	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X
BROADBAND, INC. - 27-3819741 1776 WEST LAKES PKWY. #400 WEST DES MOINES, IA 50266	INFORMATION TECHNOLOGY MGMT.	IA	N/A	C CORP	N/A	N/A	N/A	X
DELHI POINT CONDO ASSOCIATION - 42-1467002 350 N. GRANDVIEW DUBUQUE, IA 52001	REAL ESTATE MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A	X
HEALTH PLUS INC - 37-1295532 5409 N KNOXVILLE AVE PEORIA, IL 61614	MANAGED CARE ADMINISTRATION	IL	N/A	C CORP	N/A	N/A	N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 200 of Schedule K-1 (Form 1065)	(j) General or Percentage of ownership by partner? Yes No
ENSEVA - HIAWATHA, L.L.C. - 45-3437363, 755 METZGER DRIVE, HIAWATHA, IA 52233	COLLOCATION FACILITY	IA N/A	IA N/A	Predominant income (related, unrelated excluded from tax under sections 512-514)	N/A	N/A	N/A	N/A	N/A
FINLEY DEPT. OF SURGERY CO-MGMT. CO., LLC - 42-2808785, 350 N GRANDVIEW AVE, DUBUQUE, IA 52001	SURGERY DEPARTMENT MANAGEMENT SERVICES	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
HEALTH CARE AFFILIATES OF THE TRI-STATES, L.L.C. - 42-1428503, 350 N. GRANDVIEW TO LICENSED AVE, DUBUQUE, IA 52001	PROVIDE ACCESS TO SOFTWARE	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
HEALTH ENTERPRISES VENTURES, L.C. - 39-1894290, 4250 GLASS ROAD NE, CEDAR RAPIDS, IA 52402	INVESTMENT VEHICLE OWNING CLINICAL JVS	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
HY-VEE/IA HEALTH, L.C. - 26-3293530, 5820 WESTOWN	CLINIC	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
PARKWAY, WEST DES MOINES, IA 50266	PRIMARY CARE CLINIC	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
IAWA HEALTH SYSTEM CONTRACTING SERVICES LC - 42-1511142, 1776 WEST LAKES PKWY, #400, WEST DES MOINES ,	GROUP PURCHASING	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICAL LABORATORIES OF EASTERN IOWA, L.C. - 42-1359640, 1026 A AVE NE,	MEDICAL LABORATORY SERVICES	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A
MMCI ORTHOPEDIC CO-MANAGEMENT COMPANY, L.L.C. - 46-1219459 , 221 NE GLEN OAK AVE, PEORIA, IL 61636	ORTHOPEDIC MANAGEMENT & ADMINISTRATIVE SERVICES	IL N/A	IL N/A	N/A	N/A	N/A	N/A	N/A	N/A
MR ASSOCIATES, LLP - 42-1260463, 1455 SHERMAN ROAD, HIAWATHA, IA 52233	OWN AND OPERATE MR. UNIT	IA N/A	IA N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	Yes	No
HNC SERVICES - 27-0987243										
1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	FIBER OPTIC NETWORK SERVICES	IA	N/A	C CORP	N/A	N/A	N/A			X
MEDIMORE, INC. - 42-1414390										
1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	MANAGED CARE	IA	N/A	C CORP	N/A	N/A	N/A			X
METHODIST HEALTH VENTURES, INC. - 37-1140939										
P.O. BOX 87 PEORIA, IL 61650	PHARMACY/OFFICE STAFFING	IL	N/A	C CORP	N/A	N/A	N/A			X
METHODIST PHYSICIAN SERVICES, INC. - 36-3858550, P.O. BOX 87, PEORIA, IL 61650	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A			X
PRECEDENCE, INC. - 37-1288604										
4622 PROGRESS DRIVE, STE A DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	N/A	C CORP	N/A	N/A	N/A			X
PROVIDER RESOURCE MANAGEMENT, INC. - 37-1222550, P.O. BOX 87, PEORIA, IL 61650	RESOURCE MANAGEMENT	IL	N/A	C CORP	N/A	N/A	N/A			X
RURAL IOWA SPECIALTY PHYSICIAN CONSORTIUM, INC. - 26-1271143, 700 E UNIVERSITY AVE, DES MOINES, IA 50316	SPECIALTY PHYSICIANS MEDICAL CARE	IA	N/A	C CORP	N/A	N/A	N/A			X
STL HEALTH RESOURCES CO. - 42-1193499	PHYSICIAN OFFICE RENTAL	IA	N/A	C CORP	N/A	N/A	N/A			X
CEDAR RAPIDS, IA 52402										
TRINITY HEALTH ENTERPRISES, INC. - 36-3320141, 2701 17TH ST, ROCK ISLAND, IL 61201	RETAIL DURABLE MEDICAL EQUIPMENT & PHARMACY	IL	N/A	C CORP	N/A	N/A	N/A			X
TRINITY PHYSICIAN HOSPITAL ORGANIZATION, LTD. - 36-3924720, 4622 PROGRESS DRIVE, STE A, DAVENPORT, IA 52807	MANAGED HEALTH CARE	IA	N/A	C CORP	N/A	N/A	N/A			X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(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

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

SCHEDULE R, PARTS I - IV:

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

IOWA HEALTH SYSTEM IS AN IOWA NONPROFIT CORPORATION FORMED IN DECEMBER 1994. IOWA HEALTH SYSTEM AND ITS SUBSIDIARIES PROVIDE INPATIENT AND OUTPATIENT CARE AND PHYSICIAN SERVICES FROM SIXTEEN HOSPITAL FACILITIES AND VARIOUS AMBULATORY SERVICE AND CLINIC LOCATIONS IN IOWA AND ILLINOIS. PRIMARY, SECONDARY AND TERTIARY CARE SERVICES ARE PROVIDED TO RESIDENTS OF IOWA, ILLINOIS AND ADJACENT STATES.

ON APRIL 16, 2013, IOWA HEALTH SYSTEM BEGAN BEING PUBLICLY KNOWN AS UNITYPOINT HEALTH (THE SYSTEM). THIS NAME CHANGE REFLECTS THE TRANSFORMATION OF CLINICAL PROCESSES UNDERWAY WITHIN THE SYSTEM AND THE ADAPTATION TO BETTER ADDRESS THE HEALTH CARE NEEDS OF COMMUNITIES, INCLUDING BUILDING A MODEL OF DELIVERING HEALTH CARE THAT COORDINATES CARE AROUND THE PATIENT WHILE FOCUSING ON IMPROVING THE QUALITY OF CARE AND REDUCING COSTS. THE LEGAL NAME OF THE PARENT REMAINS IOWA HEALTH SYSTEM, WITH THE UNITYPOINT HEALTH NAME REFLECTING A DOING BUSINESS AS (D/B/A).

215769

RESOLUTION OF THE BOARD OF DIRECTORS
OF
INTRUST

IT IS HEREBY RESOLVED, the attached Restated Articles of Incorporation and Amended Bylaws of In'Trust are approved, subject to approval by Iowa Health System as sole corporate member of In'Trust.

This Resolution shall be maintained in the minutes of the permanent records of the Board of Directors of In'Trust.

Certification

I, Richard J. Wellman, hereby certify that I am the Secretary of In'Trust, and I also certify that the foregoing resolution was adopted by the Board of Directors on March 25, 2013.

Richard J. Wellman
Richard J. Wellman, Secretary

**APPROVAL OF RESTATED ARTICLES OF INCORPORATION
AND AMENDED BYLAWS
OF
UNITYPOINT AT HOME**

Iowa Health System, the sole corporate member of UnityPoint at Home, approves the attached Restated Articles of Incorporation and Amended Bylaws of UnityPoint at Home.

IOWA HEALTH SYSTEM

By: Bill Leaver
Bill Leaver

Its: President/CEO

Date: 4-3-13

**CERTIFICATE REGARDING
RESTATED ARTICLES OF INCORPORATION
OF
INTRUST**

TO THE SECRETARY OF STATE
OF THE STATE OF IOWA:

1. The attached Restated Articles of Incorporation of InTrust were approved by the Board of Directors of InTrust on March 25, 2013. Such Restated Articles of Incorporation shall become effective on April 16, 2013. As of April 16, 2013, InTrust will be known as UnityPoint at Home.
2. Such Restated Articles of Incorporation contain amendments to the Articles requiring approval by the Member of InTrust.
3. Iowa Health System, an Iowa non-profit corporation, is the sole member of InTrust and has approved the attached Restated Articles of Incorporation of UnityPoint at Home.
4. Such written approval by Iowa Health System of the attached Restated Articles of Incorporation of UnityPoint at Home is sufficient for approval of such Restated Articles by the member of InTrust.

INTRUST

By: Richard J. Wellman
Richard J. Wellman, Secretary

Dated: 25 March 2013

**RESTATED ARTICLES OF INCORPORATION
OF
UNITYPOINT AT HOME**

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

The undersigned corporation hereby adopts the following Restated Articles of Incorporation for such corporation, pursuant to the provisions of Section 504.1006, Code of Iowa:

ARTICLE I

The name of the corporation is UNITYPOINT AT HOME. It is organized under Chapter 504; Code of Iowa.

ARTICLE II

The period of its duration is perpetual.

ARTICLE III

The purposes for which the corporation is organized are to provide home health, community health, education and wellness services, home infusion, durable medical equipment and management services for the benefit of residents of Iowa, Illinois and the surrounding areas, and to apply for and use grant proceeds to fund such purposes.

The corporation is organized exclusively for charitable, educational, religious, or scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

No part of the net earnings of the corporation shall inure to the benefit of any director or officer of the corporation or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes). No director or officer of the corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, except as otherwise may be permitted in Section 501(h) of the Internal Revenue Code. The corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provisions of these Restated Articles of Incorporation, the corporation shall not conduct or carry on activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code, or by any organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

As a means of accomplishing the foregoing purposes, and subject to the foregoing limitations, the corporation shall have all the general powers set forth in Chapter 504A of the Code of Iowa, and as it hereafter may be amended. These general powers shall be exercised exclusively for the attainment of the charitable, educational, religious, or scientific purposes of the corporation as set forth in this article.

ARTICLE IV

The address of the registered office of the corporation is 11333 Aurora Avenue, Urbandale, Iowa, 50322, and the name of its registered agent at such address is Phyllis Stadlander.

ARTICLE V

The sole member of the corporation is Iowa Health System, an Iowa Nonprofit Corporation.

ARTICLE VI

The Corporation shall have up to fifteen (15) directors. The directors shall be selected and may from time to time be removed and replaced by Iowa Health System. Each affiliate of Iowa Health System which has transferred its home health operations to the Corporation shall have the right to nominate at least one director, subject to approval by Iowa Health System.

ARTICLE VII

Upon dissolution of the Corporation and after payment of its just debts and liabilities, the remaining assets shall be distributed to one or more organizations (which could include the Member) selected by the Member which are described in Section 501(c)(3) of the Code as that section exists or may be subsequently amended.

ARTICLE VIII

The private property of the members, directors and officers of the corporation shall be exempt from all debts and liabilities of the corporation of any kind whatsoever.

ARTICLE IX

These Restated Articles of Incorporation may be amended only with consent of the Member.

The Bylaws of the corporation may be amended only with consent of the Member.

The corporation shall not merge, consolidate or dispose of substantially all its assets except with the consent of the Member.

The corporation shall not become a member, stockholder, partner, joint venturer or investor in any other entity except with the consent of the Member.

ARTICLE X

These Restated Articles of Incorporation:

- (a) correctly set forth the provisions of the Articles of Incorporation of the Corporation as heretofore and hereby amended;
- (b) have been duly adopted as required by law; and
- (c) supersede the original Articles of Incorporation of the Corporation and all amendments and restatements thereto.

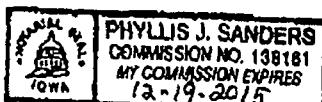
These Restated Articles of Incorporation shall be effective on April 16, 2013.

UNITYPOINT AT HOME

By Regis Stadlander
Pres.
President

STATE OF IOWA)
COUNTY OF POLK)
SS:

On this 5th day of April, 2013 before me, a Notary Public, personally appeared Phyllis J. Stadtland, the President of the corporation to me known to be the person named in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her voluntary act and deed.



Phyllis F. Sanders
Notary Public in the State of Iowa

Notary Public in the State of Iowa

FILED
IOWA
SECRETARY OF STATE

4.5.13 1:00p

W839899



Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

Part I only

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions UNITYPOINT AT HOME	Employer identification number (EIN) or 42-1477471
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 11333 AURORA AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions URBANDALE, IA 50322	

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

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

CRAIG R. FLANAGAN, VP/CFO

- The books are in the care of ► **11333 AURORA AVENUE - URBANDALE, IA 50322**

Telephone No ► **515-557-3100** Fax No ► **515-557-3249**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► calendar year **2013** or

► tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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