

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLEN HEALTH SYSTEMS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1825 LOGAN AVE City or town, state or province, country, and ZIP or foreign postal code WATERLOO, IA 50703-1916 F Name and address of principal officer: PAM DELAGARDELLE SAME AS C ABOVE	D Employer identification number 42-1201924 E Telephone number 319-235-3995 G Gross receipts \$ 1,089,378. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW. UNITYPOINT.ORG/WATERLOO		
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: 1983		M State of legal domicile: IA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH CARE OF THE PEOPLE AND COMMUNITIES WE SERVE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	963,640.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,906,413.	1,089,378.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,870,053.	1,089,378.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	963,640.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,919,375.	1,089,378.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,883,015.	1,089,378.
19	Revenue less expenses. Subtract line 18 from line 12	-12,962.	0.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	43,714,275.	47,571,258.
22	Net assets or fund balances. Subtract line 21 from line 20	40,130,323.	29,787,564.
		3,583,952.	17,783,694.

Part II Signature Block

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

Sign Here	Signature of officer STEVEN R PALMERSHEIM, VP FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Firm's name ▶ Firm's address ▶	Date Check if self-employed <input type="checkbox"/> PTIN Firm's EIN ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE HEALTH CARE OF THE PEOPLE AND COMMUNITIES WE SERVE.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,089,378. including grants of \$ 0.) (Revenue \$ 0.) AFFILIATE SUPPORT SERVICES

ALLEN HEALTH SYSTEM IS ORGANIZED TO SUPPORT THE MISSIONS OF SEVERAL RELATED CHARITABLE, TAX-EXEMPT ORGANIZATIONS INCLUDING ALLEN MEMORIAL HOSPITAL CORPORATION, MEMORIAL FOUNDATION OF ALLEN HOSPITAL, AND ALLEN COLLEGE. THE SUPPORT SERVICES PROVIDED TO THESE ORGANIZATIONS ARE TO CONSTRUCT, OWN, LEASE, MANAGE, OPERATE, PROVIDE AND MAINTAIN ANY FACILITIES, PROGRAMS, SERVICES (MANAGEMENT OR OTHERWISE) AND RELATED ACTIVITIES, IN FURTHERANCE OF HEALTH-CARE OR HEALTH EDUCATION. FACILITIES INCLUDE A HOSPITAL, CLINICS, EDUCATIONAL FACILITIES, AND OTHER ESTABLISHMENTS CREATED TO CARRY THROUGH HEALTH-CARE AND EDUCATIONAL PROGRAMS. THE PRIMARY PURPOSE OF THE CORPORATION IS TO

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,089,378.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 on Schedule O.	16	
b	Enter the number of voting members included on line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," 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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **STEVEN R PALMERSHEIM, VP FINANCE - 319-235-3932**
1825 LOGAN AVE, WATERLOO, IA 50703

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.
- See instructions for the order in which to list the persons above.

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	Former			
PAMELA DELAGARDELLE BOARD MEMBER/PRESIDENT/CEO	1.00 40.00	X		X				0.	1,308,911.	161,240.
RUSSELL BUCHANAN BOARD MEMBER	1.00 40.00	X						0.	1,324,335.	32,779.
DAN CARPENTER VP CSO & CFO (TO 1/17) SENIOR VP & CFO-UPH CORP (FR 02/17)	0.00 40.00					X		0.	952,590.	193,795.
KYLE CHRISTIASON, MD BOARD MEMBER	1.00 40.00	X						0.	419,488.	53,984.
STEVEN PALMERSHEIM VP FINANCE	1.00 40.00			X				0.	223,559.	61,142.
KALYANA SUNDARAM, MD BOARD MEMBER	1.00 1.00	X						0.	11,500.	0.
STACEY BENTLEY BOARD TREASURER	1.00 1.00	X		X				0.	0.	0.
HENRY BEVEL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
BOB BUCKLEY BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.
MICHAEL BYL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
DARREL COLSON BOARD VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
MATT GARCIA BOARD MEMBER	1.00 1.00	X						0.	0.	0.
JOAN HEADINGTON BOARD MEMBER	1.00 1.00	X						0.	0.	0.
LANCE HORBACH BOARD SECRETARY	1.00 1.00	X		X				0.	0.	0.
GREGG SHARP BOARD MEMBER	1.00 1.00	X						0.	0.	0.
JOSEPH TRIPP-RIEKS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
BISHOP STEVE ULLESTAD BOARD MEMBER	1.00 1.00	X						0.	0.	0.

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for MARY WERTZBERGER, BOARD MEMBER.

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 0

Table with 3 rows and 3 columns (3, 4, 5) regarding compensation reporting questions. Includes 'Yes' and 'No' columns.

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.

Table with columns (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a								
	b Membership dues	1b								
	c Fundraising events	1c								
	d Related organizations	1d								
	e Government grants (contributions)	1e								
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f								
	g Noncash contributions included in lines 1a-1f	1g	\$							
	h Total. Add lines 1a-1f									
Program Service Revenue			Business Code							
	2 a									
	b									
	c									
	d									
	e									
	f All other program service revenue									
g Total. Add lines 2a-2f										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,089,378.			1,089,378.			
	4 Income from investment of tax-exempt bond proceeds									
	5 Royalties									
	6 a Gross rents	6a	(i) Real	(ii) Personal						
			b Less: rental expenses ...	6b						
			c Rental income or (loss)	6c						
	d Net rental income or (loss)									
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other						
			b Less: cost or other basis and sales expenses	7b						
			c Gain or (loss)	7c						
	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	8a								
			b Less: direct expenses	8b						
			c Net income or (loss) from fundraising events							
	9 a Gross income from gaming activities. See Part IV, line 19	9a								
b Less: direct expenses			9b							
c Net income or (loss) from gaming activities										
10 a Gross sales of inventory, less returns and allowances	10a									
		b Less: cost of goods sold	10b							
		c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code							
	11 a									
	b									
	c									
	d All other revenue									
e Total. Add lines 11a-11d										
12 Total revenue. See instructions				1,089,378.	0.	0.	1,089,378.			

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,089,378.	1,089,378.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,089,378.	1,089,378.	0.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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		1
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7 Notes and loans receivable, net	4,143,013.	7,999,996.
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments - publicly traded securities		11
	12 Investments - other securities. See Part IV, line 11		12
	13 Investments - program-related. See Part IV, line 11	39,571,262.	39,571,262.
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,714,275.	47,571,258.	
Liabilities	17 Accounts payable and accrued expenses		17
	18 Grants payable		18
	19 Deferred revenue		19
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	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	40,130,323.	29,787,564.
	26 Total liabilities. Add lines 17 through 25	40,130,323.	29,787,564.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	3,583,952.	17,783,694.
	28 Net assets with donor restrictions		28
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		29
	30 Paid-in or capital surplus, or land, building, or equipment fund		30
	31 Retained earnings, endowment, accumulated income, or other funds		31
	32 Total net assets or fund balances	3,583,952.	17,783,694.
33 Total liabilities and net assets/fund balances	43,714,275.	47,571,258.	

Part XI Reconciliation of Net Assets

Check 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	1,089,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,089,378.
3	Revenue less expenses. Subtract line 2 from line 1	3	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,583,952.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	14,199,742.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,783,694.

Part XII Financial Statements and Reporting

Check 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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **ALLEN HEALTH SYSTEMS, INC.** Employer identification number **42-1201924**

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 4
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ALLEN MEMORIAL HOSPITAL CORPORATION	42-0698265	3	X		0.	
ALLEN COLLEGE	42-1351526	2	X		0.	
BLACK HAWK-GRUNDY MENTAL HEALTH CENTER	42-0733463	3	X		0.	
UNITYPOINT HEALTH-MARSHALLTOWN	81-5034179	3		X	0.	
Total					0.	0.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 VI 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 - 2019. 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 VI 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"/>

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

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	X	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ALLEN HEALTH SYSTEMS, INC. **Employer identification number** 42-1201924

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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 make 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 program
 - 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" on 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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) INVESTMENT IN UNITYPOINT		
(2) HEALTH-MARSHALLTOWN	39,571,262.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	39,571,262.	

Part IX Other Assets.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	29,787,564.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	29,787,564.

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 FASB 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,089,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	0.
3	Subtract line 2e from line 1		3	1,089,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	378.	
c	Add lines 4a and 4b		4c	378.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,089,378.

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

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

1	Total expenses and losses per audited financial statements		1	1,089,000.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,089,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	378.	
c	Add lines 4a and 4b		4c	378.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,089,378.

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 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 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 2017. THE SYSTEM HAS NO MATERIAL

Part XIII Supplemental Information (continued)

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, IF ANY, DURING THE CARRYFORWARD PERIOD. DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE SUBSIDIARIES WERE NOT MATERIAL.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 378.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 378.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **ALLEN HEALTH SYSTEMS, INC.** Employer identification number **42-1201924**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____

3 Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALLEN HEALTH SYSTEM MONITORS THE USE OF GRANT FUNDS ACCORDING TO THE
STANDARD FINANCIAL POLICIES OF THE ORGANIZATION AND AS REQUIRED BY THE
GRANT OR GRANTOR. THE POLICIES AND PROTOCOLS OF THE FUNDING SOURCE ARE
ENFORCED AND MONITORED BY THE ORGANIZATION AND REPORTED AS REQUIRED.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ALLEN HEALTH SYSTEMS, INC.

Employer identification number

42-1201924

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAMELA DELAGARDELLE	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER/PRESIDENT/CEO	(ii)	463,599.	171,985.	673,327.	146,496.	14,744.	1,470,151.	644,061.
RUSSELL BUCHANAN	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	1,321,521.	750.	2,064.	14,250.	18,529.	1,357,114.	0.
DAN CARPENTER VP CSO & CFO (TO 1/17)	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VP & CFO-UPH CORP (FR 02/17)	(ii)	651,420.	273,259.	27,911.	173,340.	20,455.	1,146,385.	0.
KYLE CHRISTIASON, MD	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	393,964.	24,410.	1,114.	30,330.	23,654.	473,472.	0.
STEVEN PALMERSHEIM	(i)	0.	0.	0.	0.	0.	0.	0.
VP FINANCE	(ii)	200,821.	15,000.	7,738.	35,838.	25,304.	284,701.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 4B:

NONQUALIFIED RETIREMENT PLAN EARNINGS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED

RETIREMENT PLAN WITH THE FOLLOWING CHANGES TO THEIR ACCOUNTS: DAN

CARPENTER \$159,090, KYLE CHRISTIASON, MD 16,080, PAMELA DELAGARDELLE

\$117,726, STEVEN PALMERSHEIM \$23,731.

NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A

SUPPLEMENTAL NON-QUALIFIED PLAN: PAMELA DELAGARDELLE \$644,061. PAYOUTS ARE

MADE WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ALLEN HEALTH SYSTEMS, INC.

Employer identification number

42-1201924

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

ENGAGE IN AND CONDUCT CHARITABLE, EDUCATIONAL, RELIGIOUS AND SCIENTIFIC
ACTIVITIES IN ACCORDANCE WITH PREVIOUSLY STATED PURPOSES.

FORM 990, PART VI, SECTION A, LINE 2:

STACEY BENTLEY; BOB BUCKLEY; BUSINESS RELATIONSHIP.

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 7B:

PURSUANT TO MASTER TRUST INDENTURE AGREEMENT, THE SOLE MEMBER, IOWA HEALTH
SYSTEM, HAS THE RIGHT TO APPROVE BOARD MEMBERS, DISMISS BOARD MEMBERS (ONLY
WITH UNANIMOUS APPROVAL), INDEBTEDNESS, AND AMENDMENTS TO THE ARTICLES OR
BYLAWS.

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

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.

Name of the organization ALLEN HEALTH SYSTEMS, INC.	Employer identification number 42-1201924
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FORM 990, PART V, LINES 1A & 1

CASH DISBURSEMENTS ARE CENTRALIZED THROUGH THE PARENT ORGANIZATION, IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH). THE PARENT MAKES THE PAYMENTS AND FILES THE RELATED FORMS 1099 AND 1096 ON BEHALF OF ALL UNITYPOINT HEALTH SYSTEM RELATED ORGANIZATIONS.

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

Name of the organization

ALLEN HEALTH SYSTEMS, INC.

Employer identification number

42-1201924

A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION.

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

Name of the organization ALLEN HEALTH SYSTEMS, INC.	Employer identification number 42-1201924
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FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES;

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

Name of the organization

ALLEN HEALTH SYSTEMS, INC.

Employer identification number

42-1201924

POLICY.

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

THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO"). THIS 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 THE CEO FORUM GROUP AND SVP POSITIONS FOR 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

Name of the organization ALLEN HEALTH SYSTEMS, INC.	Employer identification number 42-1201924
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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 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 REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2020 FOR THE FOLLOWING INDIVIDUALS: DANIEL CARPENTER & PAMELA DELAGARDELLE.

THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FUND BALANCE TRANSFER 14,199,742.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization **ALLEN HEALTH SYSTEMS, INC.** Employer identification number **42-1201924**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ABBE CENTER FOR COMMUNITY MENTAL HEALTH, INC. - 42-1045257, 740 N 15TH AVE., NO. A, HIAWATHA, IA 52233	MENTAL HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	ABBEHEALTH, INC.		X
ABBEHEALTH, INC. - 42-1373123 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE III	ST. LUKE'S HEALTHCARE		X
AGING SERVICES, INC. - 23-7085316 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	SENIOR SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ABBEHEALTH, INC.		X
ALLEN COLLEGE - 42-1351526 1825 LOGAN AVENUE WATERLOO, IA 50703	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	IOWA	501(C)(3)	170(B)(1) (A)(II)	ALLEN HEALTH SYSTEMS, INC.	X	

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

Schedule R (Form 990) 2020

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
ALLEN HEALTH SYSTEMS, INC. - 42-1201924 1825 LOGAN AVENUE WATERLOO, IA 50703	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
ALLEN MEMORIAL HOSPITAL CORPORATION - 42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA 50703	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS, INC.	X	
ANAMOSA AREA AMBULANCE SERVICE - 42-1466284 101 GRANT WOOD DRIVE ANAMOSA, IA 52205	PROVIDE AMBULANCE SERVICES	IOWA	501(C)(3)	509(A)(3), TYPE III	ST. LUKE'S/JONES REGIONAL MEDICAL CENTER		X
BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC. - 42-0733463, 3251 WEST NINTH STREET, WATERLOO, IA 50702	MENTAL HEALTH CARE	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS, INC.	X	
CENTER FOR ALCOHOL AND DRUG SERVICES, INC. - 42-1134273, 4869 FOREST GROVE DRIVE, BETTENDORF, IA 52722	SUBSTANCE ABUSE SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(VI)	THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL		X
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
CHATHAM OAKS - 42-1302928 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES	IOWA	501(C)(3)	509(A)(2)	ABBEHEALTH, INC.		X
DES MOINES AREA MEDICAL EDUCATION CONSORTIUM, INC. - 42-1412497, 1415 WOODLAND AVE., SUITE 130, DES MOINES, IA 50309	COORDINATION OF MEDICAL EDUCATION PROGRAMS	IOWA	501(C)(3)	509(A)(3), TYPE III			X
EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES - 42-0942273, 945 19TH STREET, DES MOINES, IA 50314	MENTAL HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	CENTRAL IOWA HEALTH SYSTEM		X
FINLEY TRI-STATES HEALTH GROUP, INC. - 42-1307495, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		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
FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER - 42-1372380, 3820 HILLSIDE DRIVE, CEDAR FALLS, IA 50613	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	ALLEN HEALTH SYSTEMS, INC.	X	
GRINNELL REGIONAL MEDICAL CENTER - 42-0933383, 210 FOURTH AVENUE, GRINNELL, IA 50112	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	CENTRAL IOWA HEALTH SYSTEM		X
GRINNELL REGIONAL MEDICAL CENTER AUXILIARY - 23-7075505, 210 FOURTH AVENUE, GRINNELL, IA 50112	CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES	IOWA	501(C)(3)	509(A)(3), TYPE I	GRINNELL REGIONAL MEDICAL CENTER		X
GRINNELL REGIONAL MEDICAL CENTER FOUNDATION - 42-1454737, 210 FOURTH AVENUE, GRINNELL, IA 50112	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	509(A)(3), TYPE I	GRINNELL REGIONAL MEDICAL CENTER		X
HULT CENTER FOR HEALTHY LIVING, INC. - 36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL 61614	HEALTH EDUCATION TO THE COMMUNITY	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	PROCTOR HOSPITAL		X
HUMAN SERVICE CENTER - 37-1004882 600 FAYETTE, PO BOX 1346 PEORIA, IL 61654	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	UNITYPOINT HEALTH - UNITYPLACE		X
IOWA HEALTH FOUNDATION - 42-1467682 1415 WOODLAND AVE., SUITE E-200 DES MOINES, IA 50309	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	CENTRAL IOWA HEALTH SYSTEM		X
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			X
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 42-1411630, 1776 WEST LAKES PKWY, #400, WEST DES MOINES, IA 50266	PRIMARY HEALTH CARE SERVICES	IOWA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM		X
KEOKUK AREA HOSPITAL - 42-0710268 1600 MORGAN STREET KEOKUK, IA 52632	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	KEOKUK HEALTH SYSTEMS, INC.		X
KEOKUK AREA HOSPITAL FOUNDATION - 42-1202608 1600 MORGAN STREET KEOKUK, IA 52632	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	509(A)(3) TYPE II	KEOKUK HEALTH SYSTEMS, INC.		X
KEOKUK HEALTH SYSTEMS, INC. - 42-1237361 1600 MORGAN STREET KEOKUK, IA 52632	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	IOWA	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 512(b)(13) controlled organization?	
						Yes	No
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	
MERITER FOUNDATION, INC. - 23-7098688 202 SOUTH PARK STREET MADISON, WI 53715	CHARITABLE FUNDRAISING	WISCONSIN	501(C)(3)	170(B)(1) (A)(VI)	MERITER HEALTH SERVICES, INC.		X
MERITER HEALTH SERVICES, INC. - 39-1412318 202 SOUTH PARK STREET MADISON, WI 53715	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	WISCONSIN	501(C)(3)	509(A)(3), TYPE III	IOWA HEALTH SYSTEM		X
MERITER HOSPITAL, INC. - 39-0806367 202 SOUTH PARK STREET MADISON, WI 53715	HOSPITAL	WISCONSIN	501(C)(3)	170(B)(1) (A)(III)	MERITER HEALTH SERVICES, 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
METHODIST SERVICES, INC. - 37-1111134 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636	OFFICE RENTAL	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	PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY	IOWA	501(C)(3)	509(A)(3), TYPE I	ST. LUKE'S METHODIST HOSPITAL		X
NORTHWEST IOWA HOSPITAL CORPORATION - 42-1019872, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ST. LUKE'S HEALTH SYSTEM, INC.		X
PARK COURT LIMITED - 37-1178386 600 SOUTH 13TH STREET PEKIN, IL 61554	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	METHODIST HEALTH SERVICES CORPORATION		X
PEKIN MEMORIAL HOSPITAL - 37-0692351 600 SOUTH 13TH STREET PEKIN, IL 61554	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
PENN CENTER, INC. - 42-1421803 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	RESIDENTIAL TREATMENT SERVICES FOR INDEPENDENT LIVING	IOWA	501(C)(3)	509(A)(2)	ABBEHEALTH, INC.		X
PRAIRIE VIEW VILLAS NO. 1 - 26-1755679 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523	MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	TAZWOOD MENTAL HEALTH CENTER, INC.		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)	509(A)(3), TYPE II	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)	METHODIST HEALTH SERVICES CORPORATION		X
PROCTOR HOSPITAL - 37-0681540 5409 N KNOXVILLE AVE PEORIA, IL 61614	HOSPITAL	ILLINOIS	501(C)(3)	170(B)(1) (A)(III)	METHODIST HEALTH SERVICES CORPORATION		X
PROGRESSIVE HEALTH SYSTEMS - 37-1200263 600 SOUTH 13TH STREET PEKIN, IL 61554	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	METHODIST HEALTH SERVICES CORPORATION		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 1200 TRI VIEW AVE SIOUX CITY, IA 51103	ALL-INCLUSIVE CARE FOR THE ELDERLY	IOWA	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	IOWA	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	IOWA	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	IOWA	501(C)(3)	509(A)(3), TYPE II	IOWA HEALTH SYSTEM		X
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

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
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
TAZWOOD MENTAL HEALTH CENTER, INC. - 37-1278969, 3248 VANDEVER AVE, PEKIN, IL 61554	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	UNITYPOINT HEALTH - UNITYPLACE		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 COLLEGE OF NURSING & HEALTH SCIENCES - 81-0994377, 2122 25TH AVE, ROCK ISLAND, IL 61201	EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS	ILLINOIS	501(C)(3)	170(B)(1) (A)(II)	TRINITY MEDICAL CENTER		X
TRINITY HEALTH FOUNDATION - 42-1222381 802 KENYON ROAD FORT DODGE, IA 50501	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	170(B)(1) (A)(VI)	TRINITY HEALTH SYSTEMS, INC.		X
TRINITY HEALTH FOUNDATION - 36-3321751 2701 17TH STREET ROCK ISLAND, IL 61201	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	170(B)(1) (A)(VI)	TRINITY REGIONAL HEALTH SYSTEM		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 512(b)(13) 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)	170(B)(1) (A)(III)	TRINITY HEALTH SYSTEMS, INC.		X
TRI-STATE MEDICAL GROUP, INC. - 42-1435525 1600 MORGAN STREET KEOKUK, IA 52632	PRIMARY HEALTH CARE SERVICES	IOWA	501(C)(3)	170(B)(1)(A)	KEOKUK HEALTH SYSTEMS, INC.		X
UNITY HEALTHCARE - 42-0680337 1518 MULBERRY AVENUE MUSCATINE, IA 52761	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (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	UNITY HEALTHCARE		X
UNITYPOINT HEALTH - MARSHALLTOWN - 81-5034179, 1825 LOGAN AVENUE, WATERLOO, IA 50703	HOSPITAL	IOWA	501(C)(3)	170(B)(1) (A)(III)	ALLEN HEALTH SYSTEMS, INC.	X	
UNITYPOINT HEALTH - UNITYPLACE - 83-4051901 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636	SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE	ILLINOIS	501(C)(3)	509(A)(3), TYPE II	METHODIST HEALTH SERVICES CORPORATION		X
UNITYPOINT AT HOME - 42-1477471 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	HOME HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	IOWA HEALTH SYSTEM		X
UNITYPOINT HEALTH AT WORK - 81-0872241 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266	EMPLOYER ONSITE MEDICAL SERVICES AND OCCUPATIONAL MEDICINE	IOWA	501(C)(3)	170(B)(1) (A)(III)	IOWA HEALTH SYSTEM		X
WISCONSIN DIALYSIS, INC. - 30-0072647 3034 FISH HATCHERY ROAD MADISON, WI 53713	OUTPATIENT KIDNEY DIALYSIS	WISCONSIN	501(C)(3)	509(A)(3), TYPE III			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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED IMAGING CENTER, LLC - 36-4356301, 615 VALLEY VIEW DRIVE, MOLINE, IL 61265	DIAGNOSTIC RADIOLOGY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
ANKENY MEDICAL PARK SURGERY CENTER, L.C. - 83-1281114, 3625 NORTH ANKENY BLVD., STE. J, ANKENY, IA 50021	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO., L.L.C. - 27-3625869, 1200 PLEASANT ST, DES MOINES, IA 50309	CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X		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		X	N/A	X		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) 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
ABBE MANAGEMENT CORPORATION - 42-1361755 740 N 15TH AVE., NO. A HIAWATHA, IA 52233	MANAGEMENT SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		X
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
HCP CORPORATION - 39-1177562 202 SOUTH PARK STREET MADISON, WI 53715	REAL ESTATE RENTAL	WI	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTRAL IOWA PHYSIO, LLC - 36-4799633, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055	PHYSICAL THERAPY SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
CENTRAL IOWA SURGICAL SERVICES CO-MANAGEMENT CO., L.L.C. - 47-1608704, 1200 PLEASANT ST, DES MOINES, IA	SURGICAL MANAGEMENT & ADMINISTRATIVE SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X		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		X	N/A	X		N/A
EASTERN IOWA SLEEP SUPPLY, LLC - 85-1990451, 275 10TH STREET SE, STE 1130-B, CEDAR RAPIDS, IA 52403	MEDICAL EQUIPMENT RETAIL SALES	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
HEALTH CARE AFFILIATES OF THE TRI-STATES, L.L.C. - 42-1428503, 350 N. GRANDVIEW AVE, DUBUQUE, IA 52001	PROVIDE ACCESS TO LICENSED SOFTWARE	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER, L.C. - 03-0482623, 1200 PLEASANT STREET, DES MOINES, IA 50309	OUTPATIENT DIAGNOSTIC IMAGING	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
IOWA HEALTH SYSTEM CONTRACTING SERVICES LC - 42-1511142, 1776 WEST LAKES PKWY, #400, WEST DES MOINES,	GROUP PURCHASING	IA	IOWA HEALTH SYSTEM	RELATED	18,550,470.	9,775,730.		X	N/A	X		100.00%
LAKEVIEW SURGERY CENTER, L.C. - 42-1516120, 1200 PLEASANT STREET, DES MOINES, IA 50309	SURGERY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MIDWEST ORTHOPAEDIC HOSPITAL AT UNITYPOINT HEALTH-PROCTOR, LLC - 84-3733879, 5409 N. KNOXVILLE AVE, PEORIA, IL	OUTPATIENT ORTHOPEDIC SERVICE LINE MANAGEMENT	IL	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MISSISSIPPI VALLEY SLEEP DISORDER CENTER, L.C. - 42-1489697, 3400 DEXTER COURT, DAVENPORT, IA 52807	MEDICAL LABORATORY SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MR ASSOCIATES, LLP - 42-1260463, 1956 1ST AVENUE NE, CEDAR RAPIDS, IA 52402	OWN AND OPERATE MR UNIT	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
ORTHOPAEDIC OUTPATIENT SURGERY CENTER, L.C. - 42-1508092, 1200 PLEASANT STREET, DES MOINES, IA 50309	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
REHABILITATION THERAPY SERVICES, L.L.C. - 81-0584193, 416 ST. MARK'S CT, #110, PEORIA, IL 61603	REHABILITATION THERAPY	IL	N/A	N/A	N/A	N/A		X	N/A	X		N/A
THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS, L.L.C. - 72-1550812, 1075 FIRST AVENUE SE, CEDAR RAPIDS, IA 52403	AMBULATORY SURGERY CENTER.	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
UNITED MEDICAL PARK ASC, LLC DBA THE SURGERY CENTER AT UNITED MEDICAL PARK -, 1825 LOGAN AVE, WATERLOO, IA	AMBULATORY SURGERY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
UPHT-SCA HOLDINGS, LLC - 47-3564984, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	AMBULATORY SURGERY CENTER INVESTMENT	DE	N/A	N/A	N/A	N/A		X	N/A	X		N/A
WEST HOSPITAL ORTHOPEDIC CO-MANAGEMENT COMPANY, LLC - 27-1414600, 1660 60TH STREET, WEST DES MOINES, IA 50266	ORTHOPEDIC SERVICE LINES MANAGEMENT	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
WEST LAKES SLEEP CENTER, LLC - 26-3193923, 5950 UNIVERSITY AVENUE SUITE 2, WEST DES MOINES, IA 50266	SLEEP DISORDER DIAGNOSTIC TESTING FACILITY	IA	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HANSEN CHARITABLE REMAINDER ANNUITY TRUST - 39-6770806, 210 FOURTH AVENUE, GRINNELL, IA 50112	INVESTMENT	IA	N/A	TRUST	N/A	N/A	N/A		X
HANSEN CHARITABLE REMAINDER UNITRUST - 39-6770807, 210 FOURTH AVENUE, GRINNELL, IA 50112	INVESTMENT	IA	N/A	TRUST	N/A	N/A	N/A		X
HEALTH ADVANTAGE PLUS, INC. - 42-1436490 210 4TH AVENUE GRINNELL, IA 50112	PHYSICAL THERAPY	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
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
HOME HEALTH PLUS SERVICES, INC. - 36-4053068 P.O. BOX 87 PEORIA, IL 61650	HOME HEALTH SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		X
KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY, INC. - 42-1237312, 420 NORTH 17TH STREET, KEOKUK, IA 52632	RETAIL DURABLE MEDICAL EQUIPMENT	IA	N/A	C CORP	N/A	N/A	N/A		X
MARIGOLD CITY LAND TRUST NO. ONE - 27-2750273, 2956 COURT STREET, PEKIN, IL 61554	PROPERTY MANAGEMENT	IL	N/A	TRUST	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
MERITER HEALTH ENTERPRISES, INC. - 39-1293620, 202 SOUTH PARK STREET, MADISON, WI 53715	MANAGEMENT SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X
MERITER MANAGEMENT SERVICES, INC. - 39-1458235, 202 SOUTH PARK STREET, MADISON, WI 53715	ADMINISTRATIVE SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X
METHODIST HEALTH VENTURES, INC. & SUB - 37-1140939, P.O. BOX 87, PEORIA, IL 61650	PHARMACY/OFFICE STAFFING	IL	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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITYPOINT HEALTH-MARSHALLTOWN	A	1,089,378.	BASED ON GAAP, CASH, AND/OR FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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)

THIS ENTITY IS PART OF IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH).

AS THE NATION'S 13TH LARGEST NONPROFIT HEALTH SYSTEM, UNITYPOINT HEALTH PROVIDES PROGRESSIVE AND HIGH QUALITY SERVICES ACROSS ITS 9 REGIONS WHICH SPAN IOWA, WESTERN ILLINOIS AND SOUTHERN WISCONSIN. THIS REGIONAL CARE MODEL HAS BEEN SUCCESSFUL IN ACHIEVING STANDARDIZED LEVELS OF PERFORMANCE AND KEEPING CARE LOCAL. WITH \$4.6B IN TOTAL OPERATING REVENUE, UNITYPOINT HEALTH EMPLOYS APPROXIMATELY 33,000 TEAM MEMBERS AND OPERATES 20 REGIONAL HOSPITALS, 19 COMMUNITY NETWORK HOSPITALS AND OVER 400 CLINICS. AS A KEY COMPONENT OF UNITYPOINT HEALTH, UNITYPOINT CLINIC IS A 1,100 PROVIDER MULTISPECIALTY GROUP THAT IS BUILT ON THE FOUNDATION OF CARE DELIVERY, INNOVATION AND EXPERIENCE. REPRESENTED BY OVER 40 SPECIALTIES, UPC IS A FORWARD-THINKING DELIVERY PROVIDER AND IS ON THE LEADING EDGE OF CARE DELIVERY WITH ITS TELEHEALTH, AMBULATORY AND URGENT CARE PROGRAMS. THE DIVERSIFIED HEALTH SYSTEM ALSO INCLUDES UNITYPOINT ACCOUNTABLE CARE, UNITYPOINT HEALTH COLLEGES, UNITYPOINT AT HOME AND EXTENDS HEALTH COVERAGE THROUGH THE HEALTHPARTNERS UNITYPOINT INSURANCE PLAN.