Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
ZUZZ
Open to Public
Inspection

ΑI	For the	2022 calendar year, or tax year beginning	and	l ending			
B	Check if applicable	C Name of organization			D Employer ide	entific	cation number
	Addres		ORK				
	Name change	Doing business as			81-087	7224	41
	Initial return Final return/	Number and street (or P.O. box if mail is not del 1776 WEST LAKES PARKWAY	E Telephone number 515-241-6161				
	termin ated	City or town, state or province, country, and	G Gross receipts \$		11,550,288.		
	Ameno	WEST DES MOINES, IA 50	0266		H(a) Is this a gro	oup re	eturn
	Applic tion	F Name and address of principal officer: MAI	THEW ROMANIN		for subordi	nates'	? Yes X No
	pendir	SAME AS C ABOVE			H(b) Are all subording	nates in	cluded? Yes No
<u>1</u>	Гах-ехе	empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	If "No," atta	ach a	list. See instructions
	Websit				H(c) Group exer		
		organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 201	L5 N	1 State of legal domicile: IA
-	1	Briefly describe the organization's mission or most	significant activities: UNIT	YPOINT	HEALTH A	T V	VORK
Governance		PROVIDES ONSITE HEALTH AND	WELLNESS SERV	CES.			
rna	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its no	et ass	ets.
ove.	3	Number of voting members of the governing body				3	6
	1 -	Number of independent voting members of the gov				4	0
Activities &		Total number of individuals employed in calendar y				5	0
Ĭ		Total number of volunteers (estimate if necessary)				6	0
Act		Total unrelated business revenue from Part VIII, co				7a	0.
_	Ь	Net unrelated business taxable income from Form	990-1, Part I, line 11		Prior Year	7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)			THOI Teal	0.	0.
ne	9				8,726,93		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		176,55	$\overline{}$	132,491.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0.	0.
		Total revenue - add lines 8 through 11 (must equal	8,903,48	33.	11,276,450.		
		Grants and similar amounts paid (Part IX, column (•	0.	0.
	1	Benefits paid to or for members (Part IX, column (A				0.	0.
s	15	Salaries, other compensation, employee benefits (F			8,061,75	51.	9,519,155.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.
<u>e</u>	. b	Total fundraising expenses (Part IX, column (D), line		0.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		665,31		855,745.
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		8,727,06		10,374,900.
		Revenue less expenses. Subtract line 18 from line	12		176,41		901,550.
Net Assets or	3			Ве	ginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)			4,867,26		6,048,498.
et A	21	Total liabilities (Part X, line 26)			1,765,15		2,356,477.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		3,102,11	. 4 •	3,692,021.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	e and etateme	ante and to the heet	of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				-	knowledge and belief, it is
truo	, 001100	t, and complete. Declaration of preparer (other than office	1) is based on an information of w	ποπ ρι οραι σι	Thas arry knowledge.		
Sig	n	Signature of officer			Date		
Her		MATTHEW ROMANIN, CEO					
	•	Type or print name and title					
Paid	1	Print/Type preparer's name	Preparer's signature] [Date Che		PTIN
	parer	Firm's name			Firm's EI	f-employe N	, , , , , , , , , , , , , , , , , , ,
	Only	Firm's address			Tillii 3 Li		
	,	5 4441 555			Phone no).	
May	v the IF	RS discuss this return with the preparer shown abo	ve? See instructions		, nono ne		Yes No
		,					

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITYPOINT HEALTH AT WORK PROVIDES ONSITE HEALTH AND WELLNESS SERVICES
	DESIGNED FOR IMPROVED PATIENT EXPERIENCE, REDUCED HEALTHCARE COST AND
	IMPROVED POPULATION HEALTH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 9,075,673. including grants of \$ 0.) (Revenue \$ 11,143,959.)
4a	UNITYPOINT HEALTH AT WORK ("UPAW"), A NON-PROFIT CORPORATION, IS A
	SINGLE OPERATING UNIT FOR ALL ONSITE AND HOSPITAL BASED OCCUPATIONAL
	HEALTH CLINICS. THIS NEW ENTITY WILL SERVE TO BUILD STANDARDIZATION
	AND CONNECTION OF ALL OCCUPATIONAL HEALTH SERVICE LINES ACROSS
	UNITYPOINT HEALTH AFFILIATES WHICH WILL CREATE BRAND AWARENESS AS WELL
	AS CONTINUITY OF CARE. UPAW WILL HOUSE ALL ACTIVITY THAT PRIOR TO NOW
	OCCURRED IN VARIOUS PARTS OF THE UNITYPOINT SYSTEM; INCLUDING THE
	ACTIVITIES THAT WERE AT UNITYPOINT HEALTH AT WORK, LLC AS WELL AS THE
	HOSPITAL BASED ACTIVITIES. THIS WILL ALLOW FOR MORE EFFECTIVELY
	PROVIDING PATIENT SERVICE AND MORE EFFICIENT OVERSIGHT. IN ADDITION,
	UPAW PLANS TO EXTEND PRIMARY CARE SERVICES ONSITE FOR EMPLOYEES TO
	IMPROVE ACCESS AND PROVIDE A CONVENIENT MEANS OF CARE.
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 9,075,673.

Form 990 (2022) UNITYPOINT HEALTH AT WORK
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		\ .	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
h	Schedule D, Parts XI and XII	12a		- 21
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 43	Х
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -t a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) UNITYPOINT HEALTH AT WORK
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
52	\cdot	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai		· <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

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022) UNITYPOINT HEALTH AT WORK

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

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		Х
			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account.)	•	4a		х
h	If "Yes," enter the name of the foreign country		4 a		23
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)			
5a		ooding (i B) trij.	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		37
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		- 21
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7.11		
	an analysis of a superior tips have a versa business heldings at any time during the versa.		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	116			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		
	1	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the results of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	IIIOUIIIE!	16		21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	vities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2022) UNITYPOINT HEALTH AT WORK 81-0872241 Page
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			X
Sec	tion 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	5		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	"		
1 a	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b	and the state of t	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21	
9		9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	ļ	21
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		12c	х	
13	on Schedule O how this was done	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14	25	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	х	
		15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	21	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e Only)	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avallal	210
10	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	nia!	
19	statements available to the public during the tax year.	u iiiian	Jal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 515-241-6161			
	1776 WEST LAKES PARKWAY, 400, WEST DES MOINES, IA 50266			

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

Page 7

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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C) (D) (E)							(E)	(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box,	box, unless personal officer and a direction			s both	an	compensation	compensation	amount of other	
	week (list any	ctor						the organization	from related organizations	compensation	
	hours for	or dire	au			ted			(W-2/1099-MISC/	from the	
	related organizations	ustee	truste		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	ıer	1099-NEC)		organizations	
	line)	Indivi	Instit	Officer	Key e	Highe empl	Former				
MARK JOHNSON	1.00										
BOARD VICE CHAIR	40.00	Х		Х				0.	1,454,353.	92,608.	
PAMELA DELAGARDELLE	1.00								4-4 444		
BOARD MEMBER	40.00	Х						0.	671,810.	104,963.	
DANIEL ALLEN, MD	1.00								500 454	22 254	
BOARD MEMBER	40.00	Х						0.	580,174.	33,851.	
MATTHEW ROMANIN	1.00	7,7		,,					F0F 02F	05 420	
BOARD CHAIR/CEO STEVEN RIPPENTROP, MD, MEDICAL DIREC	40.00	Х		Х				0.	525,235.	85,439.	
OCCUPATIONAL MEDICINE	1.00				х			0.	463,594.	16,032.	
BRIAN JONES	1.00								403,334.	10,032.	
BOARD MEMBER (TO 08/22)	40.00	х						0.	375,337.	36,158.	
SARAH SULLIVAN	40.00								3.3733.1		
EXECUTIVE DIRECTOR	1.00				Х			0.	331,363.	22,163.	
MATT BEHRENS	1.00										
BOARD MEMBER	40.00	Х						0.	294,692.	24,569.	
		-									

232007 12-13-22 Form **990** (2022)

Form 990 (2022) UNITYPOIN	T HEALT	'H	ΑT	' W	OR	K			81-08	8722	41	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	box,	not c	ss per	ition more rson is	than o s both r/trust	an	(D) Reportable compensation	(E) Reportable compensatio	e Estim on amou		(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	compens	
										+		
										+		
										+		
								0	4 606 51	- 0	415	702
Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	4,696,5	0.		0. 0. 783.
Total number of individuals (including but no compensation from the organization							o re	•				0
3 Did the organization list any former officer,	*	,	,		,	,	_	' '	•		3	Yes No
 line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	X X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5	Х
Section B. Independent Contractors												
Complete this table for your five highest count the organization. Report compensation for the organization.	•	-						the organization's tax y	•	pensatio		
Name and business FIBER STAFFING LLC, 3811		CR.	EE.	K				(B) Description of s	services	Cor	(C) mpen	sation
BLVD, STE 850, DALLAS, TX PROHEALTH CARE MEDICAL AS	75219				61	1		HEALTH CARE	STAFFING		248	,292.
WATERTOWN RD, STE J, WAUK ELEVATE HEALTHCARE CONSUL	ESHA, W TANTS,	I 38:	53 11	18	6			HEALTH CARE	SERVICES	137,934.		
TURTLE CREEK BLVD, STE 85	0, DALL	<u>AS</u>	, '	TX				HEALTH CARE	STAFFING		131	<u>,659.</u>
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lin	nited	to t	thos		ed	above) who received mo	ore than			

Form 990 (2022)
Part VIII

		Check if Schedule O	conta	ins a re	sponse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
40.40		Endoughod commissions		1.						000000000000000000000000000000000000000
nts		Federated campaigns			la 					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			lb					
s, (Am	С	Fundraising events		L	lc					
a ë	d	Related organizations		<u> </u>	ld					
s, (imi	е	Government grants (contr	ibutic	ons)	le					
ës	f	All other contributions, gifts,	grants	s, and						
the		similar amounts not included	abov	e -	lf					
ÖĘ	q	Noncash contributions included in	lines 1a	a-1f	Ig \$					
Sor	_	-								
<u> </u>						Business Code				
	2 a	MGMT & SUPPORT SVCS				561000	11,061,803.	11061803.		
iğ	_					900099	82,156.	82,156.		
Program Service Revenue	b	-				300033	02,130.	02,130.		
n S	С									
e a	d									
og T	е									
- ۵	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					11,143,959.			
	3	Investment income (include	ding c	dividenc	ls, intere	est, and				
		other similar amounts)				37,854.			37,854.	
	4	Income from investment of								
	5	Royalties			·					
	•				Real	(ii) Personal				
	6 2	Gross rents	6a			()				
		Less: rental expenses	6b							
		Rental income or (loss)	[6c]							
		Net rental income or (loss))			// // O.				
	7 a	Gross amount from sales of			curities	(ii) Other				
		assets other than inventory	7a	36	8,475.					
	b	Less: cost or other basis								
e		and sales expenses	7b	27	3,838.					
len/	С	Gain or (loss)	7с	9	4,637.					
Revenue		Net gain or (loss)					94,637.			94,637.
ther		Gross income from fundraising								
돌	-	including \$	-	-						
Ŭ		contributions reported on								
				,	I					
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from								
	9 a	Gross income from gamin	-		- 1					
		Part IV, line 19								
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gamiı	ng activ	/ities					
	10 a	Gross sales of inventory, I	ess r	eturns						
		and allowances			10a	1				
	b	Less: cost of goods sold			- 1					
		Net income or (loss) from								
					,	Business Code				
ns	11 a									
Jeo Tue	ii a b									
Miscellaneous Revenue										
Sce	C									
Ξ̈́		All other revenue								
		Total. Add lines 11a-11d					11 076 450	11112050		120 404
	12	Total revenue. See instruction	าทร				11,276,450.	11143959.	0.	132,491.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7,902,758. 6,974,873. 927,885. 7 Pension plan accruals and contributions (include 275,468. 243,125. 32,343. section 401(k) and 403(b) employer contributions) 739,343. 837,699. 98,356. Other employee benefits 9 503,230. 444,144. 59,086. 10 Payroll taxes 11 Fees for services (nonemployees): 208,553. 208,553. Management 1,333. 1,333. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 26,676. 26,676. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 305,184. 289,050. 16,134. column (A), amount, list line 11g expenses on Sch O.) 8,262. 8,262. Advertising and promotion 12 19,866. 10,788. 9,078. Office expenses 13 Information technology 14 15 Royalties 52,214. 51,142. 1,072. 16 Occupancy 87,341. 19,893. 67,448. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 26,106. 8,143. 17,963. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 109. 109. 23 Other expenses. Itemize expenses not covered 24 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.) 81,702. 81,663. 39. MEDICAL SUPPLIES BAD DEBT EXPENSE 31,315. 31,315. 4,847. 7,084. 2,237. MISCELLANEOUS EXPENSE С d All other expenses 10,374,900. 9,075,673. 1,299,227. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Par	<u> t X</u>	Balance Sheet						
		Check if Schedule O contains a response or n	note to	any	ine in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-129,582.	1	439,571.			
	2	Savings and temporary cash investments				-60,320.	2	334,182.
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		4,213.	4	53,904.		
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sub						
		controlled entity or family member of any of the		5				
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons describ	oed in s	ectio	on 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				2,760,000.	7	2,751,447.
Assets	8	Inventories for sale or use					8	
Ä	9	B					9	
	10a	Land, buildings, and equipment: cost or other	r					
		basis. Complete Part VI of Schedule D	10	а	3,257.			
	b	Less: accumulated depreciation	. 10	b		3,216.	10c	3,257. 2,466,137.
	11	Investments - publicly traded securities		2,289,740.	11	2,466,137.		
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, lin		13				
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must ed	4,867,267.	16	6,048,498.			
	17	Accounts payable and accrued expenses		459,545.	17	838,508.		
	18	Grants payable			18			
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complet					21	
es	22	Loans and other payables to any current or fo						
Liabilities		trustee, key employee, creator or founder, suk						
iab.		controlled entity or family member of any of the					22	
_	23	Secured mortgages and notes payable to unre			· · · · · · · · · · -		23	
	24	Unsecured notes and loans payable to unrela					24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin			·	1 205 610		1 517 060
	00	of Schedule D				1,305,610.		
	26	Total liabilities. Add lines 17 through 25				1,765,155.	26	2,356,477.
S		Organizations that follow FASB ASC 958, c	песк п	ere				
nce	07	and complete lines 27, 28, 32, and 33.				3,102,112.	27	3,692,021.
ala	27	Net assets with depar restrictions				5,102,112.	28	3,052,021.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC					20	
-u		and complete lines 29 through 33.	, 956, 0	nec	k fiere			
ō	20		do				29	
ets	29 30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or					30	
\ss(30	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	31 32	Total net assets or fund balances				3,102,112.	32	3,692,021.
Ž	33	Total liabilities and net assets/fund balances				4,867,267.	33	6,048,498.
	JJ	TOTAL HADIILIES AND HEL ASSELS/TUND DAIANCES				±,001,401•	33	5 , 0 4 0 , 4 9 0 •

Pai	TEXT 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 .	L1,27	6,4	<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	L0,37	4,9	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	90	1,5	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,10	2,1	12.
5	Net unrealized gains (losses) on investments	5	-31	1,6	41.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,69	2,0	21.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITYPOINT HEALTH AT WORK 81-0872241 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) X 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990) 2022 UNITYPOINT HEALTH AT WORK 81-0872241 Page 2

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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.							
Sec	tion B. Total Support				_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)		
	organization, check this box and stop						<u></u>	
	tion C. Computation of Publi							
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>	
	Public support percentage from 2021					15	<u>%</u>	
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	nore, check this box	x and	
_	stop here. The organization qualifies		-					
b	33 1/3% support test - 2021. If the	-						
		stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test - 2022. 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 te	-	•		-	47		
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
40	organization meets the facts-and-circle		-					
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 1/k	o, cneck this box a		(Form 000) 2002	

Schedule A (Form 990) 2022 UNITYPOINT HEALTH AT WORK 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on 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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Sche		L-087224	1 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	۶۱۵,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	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.	1		
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,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type it 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			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Ton B. All Type III Supporting Organizations		V	
4	Did the exemination provide to each of its supported exeminations, by the lest day of the fifth month of the		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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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			
		3		
Sec	supported organizations played in this regard. tion 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 instruc	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	15)	
2	Activities Test. Answer lines 2a and 2b below.	(000	Yes	No
а	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.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		

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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		-	
Sect	ion 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		
Sect	ion 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):			
а	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		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509(nizations (continu	(pd)	I 00/2241 Page /
	ion D - Distributions	(u)(o) oupporting orga	(COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Our chi Tour
_ <u>-</u>	Amounts paid to perform activity that directly furthers exemp			•	
_	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	SVIGO GOLGIJO III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
′	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> </u>	EXCOSC ITOTAL EGE I				

Schedule A (Form 990) 2022

e Excess from 2022

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.)

Schedule A (Form 990) 2022

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 Inspection

Name of the organization

UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

		(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 w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	•	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, 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	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Pai	t III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, or	Other S	imilar	Assets	(contir	nued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of th	ne following that	make sign	ificant us	se of its	-	
	collection items (check all that apply):								
а	Public exhibition	c	I Loan or e	exchange progra	ım				
b	Scholarly research	e	e Other_						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they furthe	r the organizatio	n's exemp	t purpos	e in Part)	KIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's	collection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran							ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributi	ons or other ass	ets not inc	luded			
	on Form 990, Part X?						\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	t
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has be	en provided on F	Part XIII .				
Pai	TV Endowment Funds. Complete	if the organization an	swered "Yes" on	Form 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1a. column	(a)) held as:	•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	- *							
За	Are there endowment funds not in the posse	•	ation that are held	l and administer	ed for the				
	organization by:	3						ſ	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule F	3?				3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a	. See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o		ost or other sis (other)		umulated	d	(d) Bool	k value
1a	Land								
b	Buildings								
d	Leasehold improvements								
				3,257.					3,257.

Schedule D (Form 990) 2022

	HEALTH AT WOR	<u> 81</u>	-0872241 Page 3
Part VII Investments - Other Securities.	on Form 000 Dort IV line	allh Con Form 000 Port V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other		1	
(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	-	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	_		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	DECEDITE		76 610
(2) HEALTH & WELFARE BENEFITS (3) DUE TO AFFILIATES	RESERVE		76,619. 1,441,350.
			1,441,330.
<u>(5)</u>			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25)		1,517,969.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

		711 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				00,22
Part XI	Reconciliation of R	Revenue per Au	dited Financial	Statements W	/ith 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	10,955,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-311,641.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-311,641.
3	Subtract line 2e from line 1			3	11,266,641.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,685.		
b	Other (Describe in Part XIII.)	4b	124.		
С	Add lines 4a and 4b			4c	9,809.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	11,276,450.
	THIS HEAD COURT OF THE TEXT OF	1 4 71 - 1			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	s With	n Expenses per R	eturi	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With	n Expenses per R		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statement	s With	n Expenses per R	eturi 1	
	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With	n Expenses per R		n.
1	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	s With	n Expenses per R		n.
1 2	Taxii Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	s With	n Expenses per R		n.
1 2 a	Taxii Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	s With	n Expenses per R		n.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	S With	n Expenses per R		10,365,000.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	n Expenses per R		n. 10,365,000. 0.
1 2 a b c	Table 1 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	n Expenses per R	1	10,365,000.
1 2 a b c d	Taxion Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	n Expenses per R	1 2e	n. 10,365,000. 0.
1 2 a b c d e 3	Table 1 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	9,685.	1 2e	n. 10,365,000. 0.
1 2 a b c d e 3 4 a	Table 1 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	n Expenses per R	1 2e	0. 10,365,000.
1 2 a b c d e 3 4 a b	Table 1 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	9,685. 215.	1 2e	n. 10,365,000. 0.

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 2019. THE SYSTEM HAS NO MATERIAL

SCHEDULE J (Form 990)

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
MARK JOHNSON	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD VICE CHAIR	(ii)	356,610.	96,587.	1,001,156.	66,736.	25,872.	1,546,961.	955,680.	
PAMELA DELAGARDELLE	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER	(ii)	497,754.	155,204.	18,852.	88,702.	16,261.	776,773.	0.	
DANIEL ALLEN, MD	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER	(ii)	419,936.	134,438.	25,800.	15,250.	18,601.	614,025.	0.	
MATTHEW ROMANIN	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD CHAIR/CEO	(ii)	395,789.	123,219.	6,227.	62,417.	23,022.	610,674.	0.	
STEVEN RIPPENTROP, MD, MEDICAL DIREC	(i)	0.	0.	0.	0.	0.	0.	0.	
OCCUPATIONAL MEDICINE	(ii)	401,837.	48,501.	13,256.	15,250.	782.	479,626.	0.	
BRIAN JONES	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER (TO 08/22)	(ii)	260,436.	108,723.	6,178.	15,250.	20,908.	411,495.	0.	
SARAH SULLIVAN	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	288,061.	43,093.	209.	16,805.	5,358.	353,526.	0.	
MATT BEHRENS	(i)	0.	0.	0.	0.	0.		0.	
BOARD MEMBER	(ii)	223,028.	71,526.	138.	14,942.	9,627.	319,261.	0.	
	(i)								
	(ii)								
	(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 CONTRIBUTIONS:
THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED CONTRIBUTIONS IN A
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: PAMELA DELAGARDELLE \$73,452;
MARK JOHNSON \$51,486; MATTHEW ROMANIN \$47,167.
NONQUALIFIED RETIREMENT PLAN DISTRIBUTIONS:
THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED PAYMENTS FROM A
SUPPLEMENTAL NON-QUALIFIED PLAN: MARK JOHNSON \$993,522. PAYOUTS ARE MADE
WITH VESTED FUNDS, AS ESTABLISHED BY PLAN DOCUMENTS.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

FORM 990, LINE J - WEBSITE:
WWW.UNITYPOINT.ORG/FIND-A-SERVICE/OCCUPATIONAL-MEDICINE/UNITYPOINT-AT-WO
RK
FORM 990, PART VI, SECTION A, LINE 6:
IOWA HEALTH SYSTEM, A TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS SOLE
MEMBER.
FORM 990, PART VI, SECTION A, LINE 7A:
THE SOLE MEMBER, IOWA HEALTH SYSTEM, HAS THE POWER TO APPROVE AND REMOVE
BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE SOLE MEMBER, IOWA HEALTH SYSTEM, HAS THE POWER TO APPROVE CHANGES IN
ARTICLES AND BYLAWS, DISSOLUTIONS OR MERGER, AND APPROVAL OR REMOVAL OF
BOARD OF DIRECTORS.
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.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

FORM 990, PART V, LINES 1A & 1B

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

Schedule O (Form 990) 2022 Page 2

Name of the organization UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

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

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

PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE

DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT

ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND

COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE

PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF

INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS

FOR ACTION.

THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF

INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES.

ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY
ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization
UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

THE DIRECTION OF THE BOARD OF DIRECTORS: 1) AFTER DISCLOSURE OF THE

FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH

THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING

WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED

UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A

CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE

APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR

TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE

BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE

ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR

AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION,

THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS

TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER

THE CIRCUMSTANCES;

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS

SHALL CONTAIN: 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE

FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization UNITYPOINT HEALTH AT WORK Employer identification number 81-0872241

EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF 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 TOP EXECUTIVES IN THE
ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING
ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS,
CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER EXECUTIVES. THE

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization
UNITYPOINT HEALTH AT WORK

Employer identification number 81-0872241

COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE

CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY

FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME

TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS

SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE 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 2022

FOR THE FOLLOWING INDIVIDUALS: DANIEL ALLEN, MD, MATTHEW BEHRENS, PAMELA

DELAGARDELLE, MARK JOHNSON, BRIAN JONES AND MATTHEW ROMANIN.

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 QUALIFED 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.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
UNITYPOINT HEALTH AT WORK	81-0872241

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

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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		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.		Х
ABBEHEALTH, INC 42-1373123	SUPPORT AFFILIATES'						
740 N 15TH AVE., NO. A	MISSION TO IMPROVE HEALTH			509(A)(3),	ST. LUKE'S		
HIAWATHA, IA 52233	CARE	IOWA	501(C)(3)	TYPE III	HEALTHCARE		Х
AGING SERVICES, INC 23-7085316							
740 N 15TH AVE., NO. A	1			170(B)(1)			
HIAWATHA, IA 52233	SENIOR SERVICES	IOWA	501(C)(3)	(A)(VI)	ABBEHEALTH, INC.		Х
ALLEN COLLEGE - 42-1351526							
1825 LOGAN AVENUE	EDUCATE AND DEVELOP			170(B)(1)	ALLEN HEALTH		
WATERLOO, IA 50703	HEALTHCARE PROFESSIONALS	IOWA	501(C)(3)	(A)(II)	SYSTEMS, INC.		X

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
ALLEN HEALTH SYSTEMS, INC 42-1201924	SUPPORT AFFILIATES'						
1825 LOGAN AVENUE	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
WATERLOO, IA 50703	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		X
ALLEN MEMORIAL HOSPITAL CORPORATION -							
42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA				170(B)(1)	ALLEN HEALTH		
50703	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		X
ANAMOSA AREA AMBULANCE SERVICE - 42-1466284					ST. LUKE'S/JONES		
101 GRANT WOOD DRIVE				509(A)(3),	REGIONAL MEDICAL		
ANAMOSA, IA 52205	PROVIDE AMBULANCE SERVICES	IOWA	501(C)(3)	TYPE III	CENTER		X
BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC.							
- 42-0733463, 3251 WEST NINTH STREET,				170(B)(1)	ALLEN HEALTH		
WATERLOO, IA 50702	MENTAL HEALTH CARE	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		Х
CENTER FOR ALCOHOL AND DRUG SERVICES, INC					THE ROBERT YOUNG		
42-1134273, 4869 FOREST GROVE DRIVE,	7			170(B)(1)	CENTER FOR		
BETTENDORF, IA 52722	SUBSTANCE ABUSE SERVICES	IOWA	501(C)(3)	(A)(VI)	COMMUNITY MENTAL		Х
CENTRAL IOWA HEALTH PROPERTIES CORPORATION -							
42-1233759, 1200 PLEASANT STREET, DES	7				CENTRAL IOWA		
MOINES, IA 50309	PROPERTY HOLDING COMPANY	IOWA	501(C)(2)		HEALTH SYSTEM		Х
CENTRAL IOWA HEALTH SYSTEM - 42-1189791	SUPPORT AFFILIATES'						
1200 PLEASANT STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
DES MOINES, IA 50309	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		Х
CENTRAL IOWA HOSPITAL CORPORATION -							
42-0680452, 1200 PLEASANT STREET, DES	7			170(B)(1)	CENTRAL IOWA		
MOINES, IA 50309	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTH SYSTEM		Х
DES MOINES AREA MEDICAL EDUCATION							
CONSORTIUM, INC 42-1412497, 1415 WOODLAND	COORDINATION OF MEDICAL			509(A)(3),			
AVE., SUITE 130, DES MOINES, IA 50309	EDUCATION PROGRAMS	IOWA	501(C)(3)	TYPE III			Х
EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES							
- 42-0942273, 945 19TH STREET, DES MOINES,	7				CENTRAL IOWA		
IA 50314	MENTAL HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	HEALTH SYSTEM		Х
FINLEY TRI-STATES HEALTH GROUP, INC	SUPPORT AFFILIATES'						
42-1307495, 350 NORTH GRANDVIEW AVENUE,	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
DUBUQUE, IA 52001	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		Х
FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL							
HEALTH CENTER - 42-1372380, 3820 HILLSIDE	7			170(B)(1)	ALLEN HEALTH		
DRIVE, CEDAR FALLS, IA 50613	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х

(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
GRINNELL REGIONAL MEDICAL CENTER -							
42-0933383, 210 FOURTH AVENUE, GRINNELL, IA	_			170(B)(1)	CENTRAL IOWA		
50112	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTH SYSTEM		Х
GRINNELL REGIONAL MEDICAL CENTER FOUNDATION							
- 42-1454737, 210 FOURTH AVENUE, GRINNELL,				509(A)(3),	GRINNELL REGIONAL		
IA 50112	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	TYPE I	MEDICAL CENTER		X
HULT CENTER FOR HEALTHY LIVING, INC							
36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL	HEALTH EDUCATION TO THE			170(B)(1)			
61614	COMMUNITY	ILLINOIS	501(C)(3)	(A)(VI)	PROCTOR HOSPITAL		X
HUMAN SERVICE CENTER - 37-1004882							
600 FAYETTE, PO BOX 1346	7			170(B)(1)	UNITYPOINT HEALTH		
PEORIA, IL 61654	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	(A)(VI)	- UNITYPLACE		Х
IOWA HEALTH FOUNDATION - 42-1467682							
1415 WOODLAND AVE., SUITE E-200	7			170(B)(1)	CENTRAL IOWA		
DES MOINES, IA 50309	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	HEALTH SYSTEM		Х
IOWA HEALTH SYSTEM - 42-1435199	SUPPORT AFFILIATES'						
1776 WEST LAKES PKWY, #400	MISSION TO IMPROVE HEALTH			509(A)(3),			
WEST DES MOINES, IA 50266	CARE	IOWA	501(C)(3)	TYPE III			Х
IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION -							
42-1411630, 1776 WEST LAKES PKWY, #400, WEST	PRIMARY HEALTH CARE			170(B)(1)	IOWA HEALTH		
DES MOINES, IA 50266	SERVICES	IOWA	501(C)(3)	(A)(III)	SYSTEM		Х
MEMORIAL FOUNDATION OF ALLEN HOSPITAL -							
42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA	7			170(B)(1)	ALLEN HEALTH		
50703	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		Х
MERITER FOUNDATION, INC 23-7098688							
202 SOUTH PARK STREET	7			170(B)(1)	MERITER HEALTH		
MADISON, WI 53715	CHARITABLE FUNDRAISING	WISCONSIN	501(C)(3)	(A)(VI)	SERVICES, INC.		Х
MERITER HEALTH SERVICES, INC 39-1412318	SUPPORT AFFILIATES'				<u> </u>		
202 SOUTH PARK STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		l
MADISON, WI 53715	CARE	WISCONSIN	501(C)(3)	TYPE III	SYSTEM		Х
MERITER HOSPITAL, INC 39-0806367							<u> </u>
202 SOUTH PARK STREET	7			170(B)(1)	MERITER HEALTH		l
MADISON, WI 53715	HOSPITAL	WISCONSIN	501(C)(3)	(A)(III)	SERVICES, INC.		х
METHODIST HEALTH SERVICES CORPORATION -	SUPPORT AFFILIATES'				, ==::		<u></u>
37-1111135, 221 NORTHEAST GLEN OAK AVENUE.	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		l
PEORIA, IL 61636	CARE	ILLINOIS	501(C)(3)	TYPE III	SYSTEM		Х

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
WHENCOTON MEDICAL COMMED DOWNDANION				301(0)(3))	MERCODIAN HEALTH	Yes	No
METHODIST MEDICAL CENTER FOUNDATION -	-			150(5)(1)	METHODIST HEALTH		
51-0186460, 221 NORTHEAST GLEN OAK AVENUE,			504 (5) (0)	170(B)(1)	SERVICES		
PEORIA, IL 61636	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	(A)(VI)	CORPORATION		Х
METHODIST MEDICAL CENTER OF ILLINOIS -	_				METHODIST HEALTH		
37-0661223, 221 NORTHEAST GLEN OAK AVENUE,	_			170(B)(1)	SERVICES		l
PEORIA, IL 61636	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		Х
METHODIST SERVICES, INC 37-1111134					METHODIST HEALTH		
221 NORTHEAST GLEN OAK AVENUE					SERVICES		
PEORIA, IL 61636	OFFICE RENTAL	ILLINOIS	501(C)(3)	509(A)(2)	CORPORATION		X
NELLIE R. SHERWOOD TRUST - 42-6061621	PAY MEDICAL BILLS OF				ST. LUKE'S		
1026 A AVENUE NE	RETIRED TEACHERS UNABLE TO			509(A)(3),	METHODIST		
CEDAR RAPIDS, IA 52402	PAY	IOWA	501(C)(3)	TYPE I	HOSPITAL		X
NORTH CENTRAL IOWA MENTAL HEALTH CENTER,							
INCORPORATED - 42-0937390, 720 KENYON DRIVE,				170(B)(1)	TRINITY HEALTH		
FORT DODGE, IA 50501	MENTAL HEALTH CARE	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		Х
NORTHWEST IOWA HOSPITAL CORPORATION -							
42-1019872, 2720 STONE PARK BLVD., SIOUX	7			170(B)(1)	ST. LUKE'S HEALTH		
CITY, IA 51104	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEM, INC.		Х
PARK COURT LIMITED - 37-1178386	SUPPORT AFFILIATES'				METHODIST HEALTH		
600 SOUTH 13TH STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	SERVICES		
PEKIN IL 61554	CARE	ILLINOIS	501(C)(3)	TYPE II	CORPORATION		Х
PEKIN MEMORIAL HOSPITAL - 37-0692351					METHODIST HEALTH		
600 SOUTH 13TH STREET	1			170(B)(1)	SERVICES		
PEKIN IL 61554	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		Х
PRAIRIE VIEW VILLAS NO. 1 - 26-1755679	MENTAL HEALTH AND/OR				TAZWOOD MENTAL		
1900 SPRING ROAD, STE 300	- DISABILITY RESIDENTIAL			170(B)(1)	HEALTH CENTER,		
OAK BROOK, IL 60523	TREATMENT SERVICES	ILLINOIS	501(C)(3)	(A)(VI)	INC.		Х
PROCTOR HEALTH SYSTEMS - 36-4147437				(, (,	METHODIST HEALTH		
5409 N KNOXVILLE AVE	- PRIMARY HEALTH CARE			170(B)(1)	SERVICES		
PEORIA, IL 61614	SERVICES	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		Х
PROCTOR HOSPITAL - 37-0681540				(, (,	METHODIST HEALTH		
5409 N KNOXVILLE AVE	†			170(B)(1)	SERVICES		
PEORIA IL 61614	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	CORPORATION		х
SELF INSURANCE TRUST AGREEMENT EST. BY	11001 111111	12211010	551(5)(5)	(21/ (111/	METHODIST MEDICAL	1	
METHODIST MEDICAL CENTER OF ILLINOIS . 221	-			509(A)(3),	CENTER OF		
NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636	FIND CELE INCUDANCE DIAN	ILLINOIS	501(C)(3)	TYPE I	ILLINOIS		х
MONINEAST GLEN OAN AVENUE, PEUKIA, IL 61636	LOND SETT-INSORVICE LIVI	Гритиотр	har(c)(2)	hite i	Г ППТИОТР		$ldsymbol{f L}$

(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
SIOUXLAND PACE, INC 26-1120134							
1200 TRI VIEW AVE	ALL-INCLUSIVE CARE FOR THE			170(B)(1)	ST. LUKE'S HEALTH		
SIOUX CITY, IA 51103	ELDERLY	IOWA	501(C)(3)	(A)(III)	SYSTEM, INC.		X
ST. LUKE'S HEALTH RESOURCES - 42-1059182							
2720 STONE PARK BLVD.	OUTPATIENT CLINICS AND				ST. LUKE'S HEALTH		
SIOUX CITY, IA 51104	HEALTHCARE SERVICES	IOWA	501(C)(3)	509(A)(2)	SYSTEM, INC.		Х
ST. LUKE'S HEALTH SYSTEM, INC 42-1294091	SUPPORT AFFILIATES'						
2720 STONE PARK BLVD.	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
SIOUX CITY, IA 51104	CARE	IOWA	501(C)(3)	TYPE III	SYSTEM		X
ST. LUKE'S HEALTHCARE - 42-1487968	SUPPORT AFFILIATES'						
1026 A AVENUE NE	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
CEDAR RAPIDS, IA 52402	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		X
ST. LUKE'S METHODIST HOSPITAL - 42-0504780							
1026 A AVENUE NE	7			170(B)(1)	ST. LUKE'S		
CEDAR RAPIDS, IA 52402	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTHCARE		Х
ST. LUKE'S/JONES REGIONAL MEDICAL CENTER -							
42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA,	1			170(B)(1)	ST. LUKE'S		
IA 52205	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTHCARE		Х
STL CARE COMPANY - 42-1276632							
1026 A AVENUE NE	IMPROVE PUBLIC HEALTH				ST. LUKE'S		
CEDAR RAPIDS, IA 52402	SERVICES	IOWA	501(C)(3)	509(A)(2)	HEALTHCARE		Х
TAZWOOD MENTAL HEALTH CENTER, INC							
37-1278969, 3248 VANDEVER AVE, PEKIN, IL	1			170(B)(1)	UNITYPOINT HEALTH		
61554	H MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	(A)(VI)	- UNITYPLACE		Х
THE DUBUQUE VISITING NURSE ASSOCIATION -					FINLEY TRI-STATES		
42-0680410, 350 NORTH GRANDVIEW AVENUE,	H PUBLIC HEALTH				HEALTH GROUP,		
DUBUQUE, IA 52001	SERVICES/HOME CARE	IOWA	501(C)(3)	509(A)(2)	INC.		Х
THE FINLEY HOSPITAL - 42-0680354				, , , , , ,	FINLEY TRI-STATES		
350 NORTH GRANDVIEW AVENUE	1			170(B)(1)	HEALTH GROUP,		
DUBUQUE, IA 52001	- HOSPITAL	IOWA	501(C)(3)	(A)(III)	INC.		Х
THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL			(- , (- ,				
HEALTH - 36-3678909, 2701 17TH STREET, ROCK	†			170(B)(1)	TRINITY REGIONAL		
ISLAND, IL 61201	MENTAL HEALTH CARE	ILLINOIS	501(C)(3)	(A)(VI)	HEALTH SYSTEM		Х
TRIMARK PHYSICIANS GROUP - 45-3791448	SUPPORT SERVICES FOR			, (+ - /			-22
802 KENYON ROAD	MEDICAL CARE AND HEALTH			170(B)(1)	TRINITY HEALTH		
FORT DODGE, IA 50501	SERVICES	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		Х

(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	contr organiz	zation?
TRINITY COLLEGE OF NURSING & HEALTH SCIENCES				33.(5)(5))		Yes	No
- 81-0994377, 2122 25TH AVE, ROCK ISLAND, IL	_ EDUCATE AND DEVELOP			170(B)(1)	TRINITY MEDICAL		
61201	HEALTHCARE PROFESSIONALS	ILLINOIS	501(C)(3)	(A)(II)	CENTER		x
TRINITY HEALTH FOUNDATION - 42-1222381				,, ,,			
802 KENYON ROAD	1			170(B)(1)	TRINITY HEALTH		
FORT DODGE, IA 50501	- CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		х
TRINITY HEALTH FOUNDATION - 36-3321751					,		
2701 17TH STREET	7			170(B)(1)	TRINITY REGIONAL		
ROCK ISLAND, IL 61201	CHARITABLE FUNDRAISING	ILLINOIS	501(C)(3)	(A)(VI)	HEALTH SYSTEM		Х
TRINITY HEALTH SYSTEMS, INC 42-1222877	SUPPORT AFFILIATES'						
802 KENYON ROAD	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		
FORT DODGE, IA 50501	CARE	IOWA	501(C)(3)	TYPE II	SYSTEM		Х
TRINITY MEDICAL CENTER - 36-2739299							
2701 17TH STREET	1			170(B)(1)	TRINITY REGIONAL		
ROCK ISLAND, IL 61201	HOSPITAL	ILLINOIS	501(C)(3)	(A)(III)	HEALTH SYSTEM		Х
TRINITY REGIONAL HEALTH SYSTEM - 36-3351952	SUPPORT AFFILIATES'						
2701 17TH STREET	MISSION TO IMPROVE HEALTH			509(A)(3),	IOWA HEALTH		l
ROCK ISLAND, IL 61201	CARE	ILLINOIS	501(C)(3)	TYPE II	SYSTEM		X
TRINITY REGIONAL MEDICAL CENTER - 42-1009175							
802 KENYON ROAD	7			170(B)(1)	TRINITY HEALTH		l
FORT DODGE, IA 50501	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		X
UNITY HEALTHCARE - 42-0680337							
1518 MULBERRY AVENUE				170(B)(1)	TRINITY REGIONAL		İ
MUSCATINE, IA 52761	HOSPITAL	IOWA	501(C)(3)	(A)(III)	HEALTH SYSTEM		X
UNITY HEALTHCARE FOUNDATION - 42-1525031	SUPPORT AFFILIATES'						
1518 MULBERRY AVENUE	MISSION TO IMPROVE HEALTH			509(A)(3),			İ
MUSCATINE, IA 52761	CARE	IOWA	501(C)(3)	TYPE I	UNITY HEALTHCARE		X
UNITYPOINT HEALTH - MARSHALLTOWN -							
81-5034179, 1825 LOGAN AVENUE, WATERLOO, IA				170(B)(1)	ALLEN HEALTH		İ
50703	HOSPITAL	IOWA	501(C)(3)	(A)(III)	SYSTEMS, INC.		X
UNITYPOINT HEALTH - MARSHALLTOWN FOUNDATION							
- 42-1388518, 3 SOUTH 4TH AVE, MARSHALLTOWN,				170(B)(1)	ALLEN HEALTH		
IA 50158	CHARITABLE FUNDRAISING	IOWA	501(C)(3)	(A)(VI)	SYSTEMS, INC.		X
UNITYPOINT HEALTH - UNITYPLACE - 83-4051901	SUPPORT AFFILIATES'				METHODIST HEALTH		
221 NORTHEAST GLEN OAK AVENUE	MISSION TO IMPROVE HEALTH			509(A)(3),	SERVICES		ĺ
PEORIA, IL 61636	CARE	ILLINOIS	501(C)(3)	TYPE II	CORPORATION		X

(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	(f) Direct controlling entity	Section 5 contr	rolled
		,,		501(c)(3))		Yes	No
UNITYPOINT AT HOME - 42-1477471							
1776 WEST LAKES PKWY, #400					IOWA HEALTH		
WEST DES MOINES, IA 50266	HOME HEALTH CARE	IOWA	501(C)(3)	509(A)(2)	SYSTEM		X
UNITYPOINT HEALTH AT WORK - 81-0872241	EMPLOYER ONSITE MEDICAL						
1776 WEST LAKES PKWY, #400	SERVICES AND OCCUPATIONAL			170(B)(1)	IOWA HEALTH		
WEST DES MOINES, IA 50266	MEDICINE	IOWA	501(C)(3)	(A)(III)	SYSTEM		X
WISCONSIN DIALYSIS, INC 30-0072647							
3034 FISH HATCHERY ROAD				509(A)(3),			
MADISON, WI 53713	OUTPATIENT KIDNEY DIALYSIS	WISCONSIN	501(C)(3)	TYPE III			Х
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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
ADVANCED IMAGING CENTER, LLC	DIAGNOSTIC										
- 36-4356301, 615 VALLEY VIEW	RADIOLOGY										
DRIVE, MOLINE, IL 61265	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.	AMBULATORY										
J, ANKENY, IA 50021	SURGERY CENTER	IA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
CENTRAL IOWA CARDIOVASCULAR	CARDIOVASCULAR										
CO-MANAGEMENT CO., L.L.C	MANAGEMENT &										
27-3625869, 1200 PLEASANT ST,	ADMINISTRATIVE										
DES MOINES, IA 50309	SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
CENTRAL IOWA ONCOLOGY	ONCOLOGY										
CO-MANAGEMENT COMPANY -	MANAGEMENT &										
45-3017991, 1200 PLEASANT	ADMINISTRATIVE										
STREET, DES MOINES, IA 50309	SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X	N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	o)(13)
		country)		,				Yes	No
ABBE MANAGEMENT CORPORATION - 42-1361755	1								ĺ
740 N 15TH AVE., NO. A]								ĺ
HIAWATHA, IA 52233	MANAGEMENT SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		X
BELCREST SERVICES LTD - 37-1196307									1
5409 N KNOXVILLE AVE	1								ĺ
PEORIA, IL 61614	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A		Х
BROADBAND, INC 27-3819741									
1776 WEST LAKES PKWY. #400	INFORMATION								
WEST DES MOINES, IA 50266	TECHNOLOGY MGMT.	IA	N/A	C CORP	N/A	N/A	N/A		X
DELHI POINT CONDO ASSOCIATION - 42-1467002									i
350 N. GRANDVIEW	REAL ESTATE								ĺ
DUBUQUE, IA 52001	MANAGEMENT	IA	N/A	C CORP	N/A	N/A	N/A		Х
HCP CORPORATION - 39-1177562									i
202 SOUTH PARK STREET	1								ĺ
MADISON, WI 53715	REAL ESTATE RENTAL	WI	N/A	C CORP	N/A	N/A	N/A		Х

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

- Continuation of Identification		T. T. T. T. T. T. T. T. T. T. T. T. T. T		P		Г			ı		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	ո)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI amount in box	General or managing	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	cations?	20 of Schedule	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
CENTRAL IOWA PHYSIO, LLC -											
36-4799633, 4714 GETTYSBURG	PHYSICAL										
ROAD, MECHANICSBURG, PA	THERAPY										
17055	SERVICES	IA	N/A	N/A	N/A	N/A		X	N/A	X	N/A
CENTRAL IOWA SURGICAL	SURGICAL										
SERVICES CO-MANAGEMENT CO.,	MANAGEMENT &										
L.L.C 47-1608704, 1200	ADMINISTRATIVE										
PLEASANT ST, DES MOINES, IA	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,	AMBULATORY										
IA 52001	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	MEDICAL										
STREET SE, STE 1130-B, CEDAR	EQUIPMENT										
RAPIDS, IA 52403	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	PROVIDE ACCESS										
42-1428503, 350 N. GRANDVIEW	TO LICENSED										
AVE, DUBUQUE, IA 52001	SOFTWARE	IA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
IOWA DIAGNOSTIC IMAGING AND											
PROCEDURE CENTER, L.C	OUTPATIENT										
03-0482623, 1200 PLEASANT	DIAGNOSTIC										
STREET, DES MOINES, IA 50309	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	GROUP										
PKWY, #400, WEST DES MOINES,	PURCHASING	IA	N/A	N/A	N/A	N/A	X		N/A	x	N/A
			·	·	•				·		,
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
,			-,	-,		-,			-,		-,
MR ASSOCIATES, LLP -	1										
42-1260463, 1956 1ST AVENUE	OWN AND OPERATE										
NE, CEDAR RAPIDS, IA 52402	MR UNIT	IA	N/A	N/A	N/A	N/A		x	N/A	X	N/A
, , , , , , , , , , , , , , , , , , , ,	1		,	/	,	,		F=	/		/

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

(0)	/h)	(0)	(al)	(0)	(5)	(m)	Τ ,,	-1	/:\	/:\	(14)
(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of		1)	(i)	(j)	(k) Percentage
of related organization	Frimary activity	domicile (state or	entity	(related, unrelated,	income	end-of-year	Dispropate alloc		Code V-UBI amount in box	managing	ownership
-		foreign country)	,	excluded from tax under sections 512-514)		assets	Yes		20 of Schedule K-1 (Form 1065)	partner?	
ORTHOPAEDIC OUTPATIENT		country)		300010113 0 12 0 1 1)			165	NO	14 1 (1 01111 1000)	resino	
SURGERY CENTER, L.C	†										
42-1508092, 1200 PLEASANT	AMBULATORY										
STREET DES MOINES IA 50309	SURGERY CENTER	IA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
REHABILITATION THERAPY			14/11	24/22	14/11	24/ 22			11/21	1	117.22
SERVICES, L.L.C	†										
81-0584193 416 ST. MARK'S	REHABILATION										
CT, #110, PEORIA, IL 61603	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	1										
72-1550812, 1075 FIRST AVENUE	AMBULATORY										
SE, CEDAR RAPIDS, IA 52403	SURGERY CENTER.	IA	N/A	N/A	N/A	N/A		x	N/A	X	N/A
UNITED MEDICAL PARK ASC, LLC			•	·	•	•			•		,
D/B/A THE SURGERY CENTER AT	1										
UNITED MEDICAL PARK, 1825	AMBULATORY										
LOGAN AVE, WATERLOO, IA	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	AMBULATORY										
VILLAGE, SUITE 901,	SURGERY CENTER										
BIRMINGHAM, AL 35209	INVESTMENT	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
WEST HOSPITAL ORTHOPEDIC											
CO-MANAGEMENT COMPANY, LLC -	ORTHOPEDIC										
27-1414600, 1660 60TH STREET,	SERVICE LINES										
WEST DES MOINES, IA 50266	MANAGEMENT	IA	N/A	N/A	N/A	N/A		x	N/A	x	N/A
WEST LAKES SLEEP CENTER, LLC	SLEEP DISORDER										
- 26-3193923, 5950 UNIVERSITY	DIAGNOSTIC										
AVENUE SUITE 2, WEST DES	TESTING										
MOINES, IA 50266	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

		Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction (b)(13) trolled tity?
		country)		Of trust)		assets		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	MANAGED CARE								
PEORIA, IL 61614	ADMINISTRATION	IL	N/A	C CORP	N/A	N/A	N/A		Х
HNC SERVICES - 27-0987243									
1776 WEST LAKES PKWY, #400	FIBER OPTIC NETWORK								
WEST DES MOINES, IA 50266	SERVICES	IA	N/A	C CORP	N/A	N/A	N/A		Х
MEDIMORE, INC 42-1414390			·			,			
1776 WEST LAKES PKWY. #400	7								
WEST DES MOINES, IA 50266	MANAGED CARE	IA	N/A	C CORP	N/A	N/A	N/A		х
MERITER HEALTH ENTERPRISES, INC			·		•	•	,		
39-1293620, 202 SOUTH PARK STREET, MADISON,	7								
WI 53715	MANAGEMENT SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		х
MERITER MANAGEMENT SERVICES, INC			·		,	•	1		
39-1458235, 202 SOUTH PARK STREET, MADISON,	ADMINISTRATIVE								
WI 53715	SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		Х
METHODIST HEALTH VENTURES, INC. & SUB -	PHARMACY/OFFICE								
37-1140939, P.O. BOX 87, PEORIA, IL 61650	- STAFFING	IL	N/A	C CORP	N/A	N/A	N/A		Х
OPTIMUM HEALTH SOLUTIONS, INC 20-5430137									
221 NORTHEAST GLEN OAK AVE	HEALTH & WELLNESS								
PEORIA, IL 61636	 CONSULTING	IA	N/A	C CORP	N/A	N/A	N/A		Х
PEKIN PROHEALTH, INC 37-1117052			,						<u> </u>
600 SOUTH 13TH STREET	1								
PEKIN, IL 61554	CLINIC	IL	N/A	C CORP	N/A	N/A	N/A		Х
PRECEDENCE INC 37-1288604					,	,	1		
4622 PROGRESS DRIVE, STE A	1								
DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	N/A	C CORP	N/A	N/A	N/A		х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(cont	ction (b)(13) trolled tity?
		country)		ŕ				Yes	No
PRECEDENCE PLUS, INC 36-4140096	_								
4622 PROGRESS DRIVE, STE A			37./3		27.72	37/3	37/3		
DAVENPORT, IA 52807	MANAGED MENTAL CARE	IA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDER RESOURCE MANAGEMENT, INC	+								
37-1223550, P.O. BOX 87, PEORIA, IL 61650	RESOURCE MANAGEMENT	IL	N/A	C CORP	N/A	N/A	N/A		Х
STL HEALTH RESOURCES CO 42-1193499			·		·	·			
1026 A AVE NE	PHYSICIAN OFFICE								
CEDAR RAPIDS, IA 52402	RENTAL	IA	N/A	C CORP	N/A	N/A	N/A		Х
TRINITY HEALTH ENTERPRISES, INC	RETAIL DURABLE						1		\top
36-3320141, 2701 17TH ST, ROCK ISLAND, IL	MEDICAL EQUIPMENT &								
61201	PHARMACY	IL	N/A	C CORP	N/A	N/A	N/A		Х
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
a .	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(c)				1k		Х
	Lease of facilities, equipment, or other assets from related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
					10	X	
U	orialing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)							
(4)							
(3)							
(0)							
(4)							
(5)							
(6)							
232163	09-14-22			Schedule	R (Forr	n 990)	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Provide additional information 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),
THE NATION'S FIFTH LARGEST NON-DENOMINATIONAL HEALTH SYSTEM WITH \$4.3B
IN OPERATING REVENUE AND 27,000 TEAM MEMBERS. AS AN INTEGRATED HEALTH
SYSTEM, UNITYPOINT HEALTH PROVIDES CARE THROUGHOUT IOWA, WESTERN
ILLINOIS AND SOUTHERN WISCONSIN IN NOT-FOR-PROFIT HOSPITALS, CLINICS
AND OTHER HEALTHCARE FACILITIES. UNITYPOINT HEALTH OPERATES: 17
REGIONAL HOSPITALS; OVER 370 CLINICS; 19 COMMUNITY NETWORK HOSPITALS;
13 HOME CARE AREAS OF SERVICE; FIVE AFFILIATED COMMUNITY MENTAL HEALTH
CENTERS; AN ACCOUNTABLE CARE ORGANIZATION; AND HAS INSURANCE PRESENCE
ACROSS ALL OF ITS MARKETS.