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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2008</div> <div>Open to Public Inspection</div> </div>

<b>A For the 2008</b>				<b>calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> WA Foote Memorial Hospital dba Allegiance Health			<b>D Employer identification number</b> 38-2027689	
			Doing Business As Allegiance Health			<b>E Telephone number</b> (517) 788-4800	
			Number and street (or P O box if mail is not delivered to street address) 205 N East Avenue		Room/suite	<b>G Gross receipts</b> \$ 549,967,253	
			City or town, state or country, and ZIP + 4 Jackson, MI 49201				
			<b>F Name and address of Principal Officer</b> Georgia Fojtasek 205 N East Avenue Jackson, MI 49201				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )				
<b>J Web site:</b> www.allegiancehealth.org			<b>H(c)</b> Group Exemption Number				
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			<b>L Year of Formation</b> 1970		<b>M State of legal domicile</b> MI		

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities We lead our community to better health and well-being at every stage of life		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of employees (Part V, line 2a)	5	3,846
	6	Total number of volunteers (estimate if necessary)	6	800
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	4,866,826
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	398,042
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	601,856	160,421
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	327,174,163	359,431,379
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,902,845	-19,268,044
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,679,565	6,054,444
			342,358,429	346,378,200
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	600,000	660,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	158,802,276	176,631,318
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	189,983,705	191,554,103
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	349,385,981	368,845,421
	19	Revenue less expenses Subtract line 18 from line 12	-7,027,552	-22,467,221
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	483,125,685	422,295,582
	21	Total liabilities (Part X, line 26)	274,071,842	275,277,554
	22	Net assets or fund balances Subtract line 21 from line 20	209,053,843	147,018,028

## Part II Signature Block

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-05-12</div> <div>Date</div> </div>
	<div> <div></div> <div>Georgia Fojtasek President &amp; CEO</div> <div>Type or print name and title</div> </div>			
<b>Paid Preparer's Use Only</b>	Preparer's signature <div></div>	Date	Check if self-employed <div><input checked="" type="checkbox"/></div>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div></div>	Ernst & Young US LLP 55 Ivan Allen Jr Blvd Suite 1000 Atlanta, GA 30308		EIN <div></div>
				Phone no <div></div> (404) 874-8300

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

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

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a	(Code ) (Expenses \$ 298,823,271 including grants of \$ 660,000 ) (Revenue \$ 362,151,114 )
	<p>The Hospital devotes substantial efforts and resources to providing health services to people in its communities. The Hospital is engaged in the following activities to ensure that our mission is accomplished: Unreimbursed Services Provided to the Elderly and the Poor: The Hospital provides a substantial portion of its services to the elderly and poor. During the fiscal year ended June 30, 2009, approximately 42% of the value of services rendered were to elderly patients under the Medicare program, and approximately 15% of the services were provided to patients who were deemed indigent under state, county, or Medicaid Center guidelines. In the spirit of our mission and values, the Hospital has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare services to all persons. During the fiscal year ended June 30, 2009, the estimated unreimbursed cost of services provided to the elderly, uninsured, and the underserved totaled \$19.8 million. In addition, the Hospital provided charity care of \$17.7 million and recorded a provision for bad debts of \$36.8 million. Patient Services: The Hospital serves five counties with a medical staff of more than 395 physicians. A complete listing of services is available on the internet at AllegianceHealth.org. The Hospital supports unprofitable/subsidized health services including inpatient and outpatient mental health and substance abuse services, obstetrics, emergency and trauma services, general medicine, family/general practice, senior services, cardiac and pulmonary rehabilitation, palliative care, wound care, pain clinic and diabetes clinic. Community Benefit Activities: The Hospital is engaged in community programs and services that address identified community health needs regardless of source or availability of payment and provide measurable improvement in health access, health status, and the use of healthcare resources. These programs address one of the six criteria: Supports the Hospital's community-based mission; Targets the problems of the poor or medically underserved; Impacts the health status of the identified community; Reduces community health costs; Is accessible to the entire target community regardless of ability to pay; Stimulates external community partnerships. The Health Improvement Organization (HIO) was created by Allegiance Health in 2001 to promote a culture of continuous health improvement in our community and integrate wellness and prevention throughout our services. The Allegiance Department of Prevention and Community Health provides staff and infrastructure to facilitate the coordination of local health improvement activities. The HIO Coordinating Council (HIO CC) is a multi-disciplinary stakeholders group led by Allegiance Health with representation from local government, public health, health care, health and human service agencies and nonprofits, school districts, health plans, mental health, employers and the faith community. The HIO CC coordinates efforts across community leaders in health to create unprecedented alignment of goals and resources, as well as a strong community platform for advocacy. The work of the HIO CC has culminated in the completion of a Community Action Plan including Goals, Objectives and Strategies to address physical activity, nutrition, tobacco, and depression in Jackson County based on assessment and data-driven processes, as well as input from over 30 representatives from local health and human service agencies, and over 100 community stakeholders. The overarching tactics that the Community Action Plan relies upon include evidence-based activities to: Enhance media attention and public recognition of healthy lifestyle practices; Improve access to healthy foods and safe, attractive, affordable places for activity through supportive policies and physical environment changes; Provide social support and services that promote consistent screening, referral and supportive relationships for physical activity, nutrition, mental health and smoking behavior change; Health Improvement Organization. The HIO builds upon existing community strengths and infrastructure to support implementation of health initiatives that have been prioritized as part of a community-wide plan with significant community engagement and an established infrastructure to support longevity. In addition to operational support for the HIO CC, the Allegiance Health Department of Prevention and Community Health provides subject matter expertise on wellness and prevention at the Board, Service Line and community level, and direct service delivery (including employer-based health management, tobacco treatment services, weight management, faith community nursing, etc.) to a broad base of community members to support the health improvement priorities identified by the HIO. The department of Prevention and Community Health has an annual budget of around \$1.5 million. Since 2001, the Hospital has committed over \$16.6 million of funding to this program. Other Community Benefit Activities: Through Community Education and Outreach, the Hospital provided educational sessions and clinics that reached 164,000 individuals at a cost of \$169,156 in fiscal year 2009. The sessions/clinics included education on asthma, AIDS/HIV, diabetes, family planning, fitness/exercise, health, heart, nutrition and weight management, pulmonary, smoking cessation, and women's health. These educational offerings were located at the Hospital, community fairs, parishes, schools, work sites and by phone. Free Medical Screenings for high blood pressure, diabetes, mental health/depression, vascular disease and women's health served 3,942 community members at a cost of \$15,865 in fiscal year 2009. Support Groups for asthma/COPD/breathing, bereavement/grief, cancer, diabetes and stroke, among others, served 1,886 community members in fiscal year 2009 at a cost of \$51,577. Counseling services for families and smoking cessation were provided to 3,642 community members at a cost of \$68,647 in fiscal year 2009. Free and discounted prescription drug and medical supplies were provided to 37,320 community members at a cost of \$374,491 during fiscal year 2009. Through Meals on Wheels, the Hospital served 21,090 individuals at a cost of \$25,921. Transportation Assistance, including wheelchair van, ambulance, transport to and from cancer centers and cab service served 6,200 community members in fiscal year 2009 at a cost of \$112,000. Partnerships: The Hospital played a leadership role in the establishment of the Center for Family Health, a Federally Qualified Health Center, providing \$600,000 in annual support for the uninsured. The Hospital played a leadership role in the establishment of the Jackson County Health Plan, whose mission is to improve coverage in Jackson County for the underserved. The Hospital partnered with the medical staff and community to establish the Project Access Program which provides free physician and hospital care for 500 community members that do not qualify for federal or state financial assistance and are uninsured. The Hospital provides free care for medically necessary hospital-based services. The \$1,383,644 cost of this care is included in the reported charity care total above. Hospital executive staff sit on a number of governance boards of non-profit organizations in our community, such as Center for Family Health, United Way of Jackson, Arts and Cultural Alliance of Jackson County, Ella Sharp Museum, Jackson Community Foundation, Fitness Council of Jackson, Allegiance Hospice, Allegiance Health Foundation, Jackson Community Ambulance, Huron Valley Ambulance, Jackson Community Medical Record, Junior Achievement of the Michigan Edge, Physicians Health Plan of South Michigan, Jackson Symphony Orchestra Guild, Emergency Medical Services Council, Cascades Humane Society, Rotary Club of Jackson and the nursing advisory boards for Jackson Community College, Spring Arbor University and the University of Michigan. The Hospital is also represented on public and private organizations including the Greater Jackson Chamber of Commerce, The Enterprise Group of Jackson, Inc. (Economic Development), Jackson Citizens For Economic Growth and South Central Michigan Works. The Hospital donates office space to four area non-profit organizations. These organizations are the Enterprise Group of Jackson, Inc., National Foundation of Dentistry for the Handicapped, Born Free and Birthline of Jackson.</p>



















4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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4e	Total program service expenses \$ 298,823,271 Must equal Part IX, Line 25, column (B).
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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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
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	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	Yes
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	28a Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28b Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34 Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35 Yes	
36	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	No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a240		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a3,846		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>CJ</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

15

1b

Enter the number of voting members that are independent

1b

7

2

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

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

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

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

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

7a

Yes

7b

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

7b

Yes

8

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

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

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

12b

Yes

12c

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

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

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

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Yes

Section C. Disclosure

17

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

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
Jeanne Wickens  
205 N East Avenue  
Jackson, MI 49201  
(517) 788-4800

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

## Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **178**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5 Yes	

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Christman Construction 408 Kalamazoo Plaza Lansing, MI 48933	Construction Project Management	8,287,253
University of Michigan 1500 E Medical Center Dr Ann Arbor, MI 48109	Medical Services	7,015,908
Owens and Minor Inc 9120 Lockwood Boulevard Mechanicsville, VA 23116	Medical Devices	6,761,340
Smith and Nephew Orthopedic PO Box 93027 Chicago, IL 60673	Medical Devices	3,080,904
Consumers Energy One Energy Plaza Jackson, MI 49201	Utilities	2,376,082

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a		160,421				
	b	Membership dues . . . . . 1b						
	c	Fundraising events . . . . . 1c						
	d	Related organizations . . . . 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 160,421 1f						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total (Add lines 1a-1f) . . . . . 160,421						
	Program Service Revenue	2a	Inpat & Outpat Svcs					Business Code 621,990
b		Lab UBI Income	621,500	2,952,019		2,952,019		
c		Pharmacy UBI Income	446,110	1,238,643		1,238,643		
d		Rehab	621,990	518,563	518,563			
e		FHC Associates & JCA	621,910	69,017	46,789	22,228		
f		All other program service revenue						
g		Total. Add lines 2a-2f . . . . . \$ 359,431,379						
Other Revenue		3	Investment income (including dividends, interest other similar amounts) . . . . .		4,852,184			4,852,184
		4	Income from investment of tax-exempt bond proceeds . . . . .		1,058,424			1,058,424
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real 1,309,501	(ii) Personal	-1,495,768		-1,495,768	
	b	Less rental expenses	2,805,269					
	c	Rental income or (loss)	-1,495,768					
	d	Net rental income or (loss) . . . . . -1,495,768						
	7a	Gross amount from sales of assets other than inventory	(i) Securities 175,368,548	(ii) Other 236,584	-25,178,652		-25,178,652	
	b	Less cost or other basis and sales expenses	200,529,532	254,252				
	c	Gain or (loss)	-25,160,984	-17,668				
	d	Net gain or (loss) . . . . . -25,178,652						
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a						
	b	Less direct expenses . . . . b						
	c	Net income or (loss) from fundraising events . . . .						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . a						
	b	Less direct expenses . . . . b						
	c	Net income or (loss) from gaming activities . . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . a						
	b	Less cost of goods sold . . . b						
	c	Net income or (loss) from sales of inventory . . .						
		Miscellaneous Revenue	Business Code					
	11a	Insurance Premiums	524,298	2,708,664	2,708,664			
	b	Svcs to Affiliates	561,000	2,087,607	1,629,521	458,086		
c	Cafeteria	722,210	1,636,084	1,636,084				
d	All other revenue		1,117,857	922,007	195,850			
e	Total. Add lines 11a-11d . . . . . \$ 7,550,212							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . 346,378,200			362,114,765	4,866,826	-20,763,812		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	660,000	660,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,008,638	2,467,476	541,162	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	146,464,059	120,119,667		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,974,947	6,540,499	1,434,448	
9	Other employee benefits . . . . .	8,603,674	7,056,137	1,547,537	
10	Payroll taxes . . . . .	10,580,000	8,676,982	1,903,018	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	373,830	306,589	67,241	
c	Accounting . . . . .	269,052		269,052	
d	Lobbying . . . . .	62,883		62,883	
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	887,146		887,146	
g	Other . . . . .	28,141,275	9,148,462	18,992,813	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	19,645,196	16,111,628	3,533,568	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	5,263,455	4,316,721	946,734	
17	Travel . . . . .	287,704		287,704	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
19	Conferences, conventions and meetings . . . . .	522,055		522,055	
20	Interest . . . . .	7,313,037	5,997,646	1,315,391	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	19,883,740	16,307,265	3,576,475	
23	Insurance . . . . .	7,881,401	485,019	7,396,382	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Bad Debts	36,802,762	36,802,762		
b	Medical Supplies	35,370,516	35,370,516		
c	Pharmaceuticals	22,504,312	22,504,312		
d	Food	2,359,410	2,359,410		
e	Workers Compensation	1,094,507	897,639	196,868	
f	All other expenses	2,891,822	2,694,541	197,281	
25	Total functional expenses. Add lines 1 through 24f	368,845,421	298,823,271	70,022,150	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	15,816,307	<b>1</b> 24,604,587
	<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>
	<b>4</b>	Accounts receivable, net . . . . .	56,910,327	<b>4</b> 49,197,346
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	254,585	<b>5</b> 141,521
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>
	<b>7</b>	Notes and loans receivable, net . . . . .	2,341,314	<b>7</b> 2,172,776
	<b>8</b>	Inventories for sale or use . . . . .	5,584,330	<b>8</b> 5,822,720
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	3,541,583	<b>9</b> 4,205,766
	<b>10a</b>	Land, buildings, and equipment cost basis		
		<b>10a</b> 330,109,358		
	<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .		
		<b>10b</b> 158,372,172	156,815,697	<b>10c</b> 171,737,186
	<b>11</b>	Investments—publicly traded securities . . . . .	236,117,664	<b>11</b> 161,625,639
	<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	55,899	<b>12</b> 292,666
	<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .	2,008,663	<b>13</b> 2,228,127
<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	3,679,316	<b>15</b> 267,248	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	483,125,685	<b>16</b> 422,295,582	
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	28,443,392	<b>17</b> 24,174,056
	<b>18</b>	Grants payable . . . . .		<b>18</b>
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>
	<b>20</b>	Tax-exempt bond liabilities . . . . .	197,115,000	<b>20</b> 163,065,000
	<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>
	<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>
	<b>24</b>	Unsecured notes and loans payable . . . . .		<b>24</b>
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	48,513,450	<b>25</b> 88,038,498
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	274,071,842	<b>26</b> 275,277,554
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b>	Unrestricted net assets . . . . .	207,637,067	<b>27</b> 146,480,437
	<b>28</b>	Temporarily restricted net assets . . . . .	1,416,776	<b>28</b> 537,591
	<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	<b>33</b>	Total net assets or fund balances . . . . .	209,053,843	<b>33</b> 147,018,028
	<b>34</b>	Total liabilities and net assets/fund balances . . . . .	483,125,685	<b>34</b> 422,295,582

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	No
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization WA Foote Memorial Hospital dba Allegiance Health	Employer identification number 38-2027689
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

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

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

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 <b>Public Support</b> subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h))    complete Part II-A    Do not complete Part II-B
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))    Complete Part II-B    Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations    complete Part III

Name of the organization WA Foote Memorial Hospital dba Allegiance Health	Employer identification number  38-2027689
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation

## Supplemental Information

[illegible]

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
  
38-2027689

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

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

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		9,630,527		9,630,527
b Buildings . . . . .		162,779,049	64,971,605	97,807,444
c Leasehold improvements . . . . .		8,084,918	1,719,960	6,364,958
d Equipment . . . . .		137,753,246	91,680,607	46,072,639
e Other . . . . .		11,861,618		11,861,618
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				171,737,186

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Comp withheld & Payroll Taxes	17,279,230
Professional Liability Insurance	10,588,202
Retirement Plan Liability	43,381,440
Bond & Interest Payment Fund	232,900
Other Liabilities	16,556,726
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	88,038,498

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
38-2027689

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	
b	If "Yes," is it a written policy? . . . . .	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals  <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care  4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i> ) . . .						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i> ) . . .						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i> ) . . . . .						
d Total Charity Care and Means-Tested Programs . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i> ) . . . . .						
f Health professions education (from <i>worksheet 5</i> ) . . .						
g Subsidized health services (from <i>worksheet 6</i> ) . . .						
h Research (from <i>worksheet 7</i> )						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i> ) . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

Part III

Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15? . . . . .	1	
2	Enter the amount of the organization's bad debt expense (at cost) . . . . .	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	
7	Enter line 5 less line 6—surplus or (shortfall) . . . . .	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy? . . . . .	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	9b	

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information (Required for 2008)

Name and address	Other (Describe)										
		ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital		
See Additional Data Table											

**Part VI**   **Supplemental Information** *(Optional for 2008)*

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

[illegible]

**2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

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**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

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

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**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 38-2027689

Name: WA Foote Memorial Hospital  
dba Allegiance Health

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
WA Foote Memorial Hospital 205 NEast Avenue Jackson,MI 49201	X						X		
Allegiance Addiction Recovery Center 2424 W Washington Avenue Jackson,MI 49203									Rehabilitation Clinic
Allegiance Susbstance Abuse Services 323 W Michigan Avenue Jackson,MI 49201									Rehabilitation Clinic
Allegiance Behaviorial Health Services 205 NEast Avenue Jackson,MI 49201									Rehabilitation Clinic
Allegiance Radiation Oncology Center 1100 E Michigan Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Diabetes Center 817 W High St Jackson,MI 49203									Outpatient Physician Clinic
Allegiance Diagnostic Center 153 Wampplers Lake Rd Brooklyn,MI 49230									Diagnostic Center
Allegiance Diagnostic Center 900 E Michigan Avenue Jackson,MI 49201									Diagnostic Center
Allegiance Diagnostic Center 12369 E Michigan Avenue Jackson,MI 49240									Diagnostic Center
Allegiance Diagnnestic Center 1310 Greenwood Avenue Jackson,MI 49203									Diagnostic Center
Allegiance Diagnostic Center 1401 W North Street Jackson,MI 49202									Diagnostic Center
Allegiance Diagnostic Center 1100 E Michigan Avenue Jackson,MI 49201									Diagnostic Center
Allegiance Diagnostic Center 2200 Springport Rd Jackson,MI 49202									Diagnostic Center
Allegiance Diagnostic Center 400 Hinckley Blvd Jackson,MI 49203									Diagnostic Center
Allegiance Diagnostic Center 3305 Spring Arbor Rd Jackson,MI 49203									Diagnostic Center
Allegiance Digestive Health Center 205 NEast Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Hearing Center 1111 Teneyck St Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Home Health Care 100 E Michigan Avenue Jackson,MI 49201									Home Health Care
Allegiance Neurology 1400 E Michigan Avenue Jackson,MI 49202									Outpatient Physician Clinic
Allegiance Neurology 1100 E Michigan Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Neurology 1418 E Michigan Avenue Jackson,MI 49202									Outpatient Physician Clinic
Allegiance Neuropsychology Center 205 NEast Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Occupational Health 100 E Michigan Avenue Jackson,MI 49201									Rehabilitation Clinic
Allegiance Joint Replacement Center 205 NEast Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Orthopedics 1100 E Michigan Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Pain Management Center 205 NEast Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Pharmacy 1100 E Michigan Avenue Jackson,MI 49201									Pharmacy
Allegiance ER Pharmacy 205 NEast Avenue Jackson,MI 49201									Pharmacy
Allegiance LTC Pharmacy 110 N Waterloo Jackson,MI 49202									Pharmacy
Allegiance Pharmacy 2200 Springport Rd Jackson,MI 49202									Pharmacy
Allegiance Physical Rehabilitation 100 E Michigan Avenue Jackson,MI 49201									Rehabilitation Clinic
Allegiance Physical Rehabilitation 533 N Cedar St Mason,MI 48854									Rehabilitation Clinic
Allegiance Physical Rehabilitation 4328 Page Avenue Michigan Center,MI 49254									Rehabilitation Clinic
Allegiance Physical Rehabilitation 2282 Springport Road Jackson,MI 49202									Rehabilitation Clinic
Allegiance Rehabilitation 12365 E Michigan Avenue Grass Lake,MI 49240									Rehabilitation Clinic
Allegiance Rheumatology 3333 Spring Arbor Road Jackson,MI 49203									Outpatient Physician Clinic
Allegiance Senior Health Center 813 W Michigan Avenue Jackson,MI 49202									Outpatient Physician Clinic
Allegiance Sleep Health Center 205 NEast Avenue Jackson,MI 49201									outpatient Physician Clinic
Allegiance Sports Medicine 100 E Michigan Avenue Jackson,MI 49201									Rehabilitation Clinic
Allegiance General Surgery 1100 E Michigan Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance General Surgery 300 W Washington Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Surgery Center 1125 E Michigan Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Express Care 110 N Elm Avenue Jackson,MI 49202									Outpatient Physician Clinic
Allegiance Express Care for Kids 110 N Elm Avenue Jackson,MI 49202									Outpatient Physician Clinic
Allegiance Vascular Health 300 W Washington Avenue Jackson,MI 49201									Outpatient Physician Clinic
Allegiance Women's Health Center 3305 Spring Arbor Rd Jackson,MI 49203									Outpatient Physician Clinic
Allegiance Wound Care Center 813 W Michigan Avenue Jackson,MI 49202									Outpatient Physician Clinic

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public  
Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
38-2027689

Part IGeneral Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part IIGrants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Family Health 2298 Springport Road Jackson, MI 49202	38-3251354	501(c)3	600,000		NA		The Center for Family Health grant provides operational support for medically underserved populations
Healthlink Inc205 N East Avenue Jackson, MI 49201	38-2756425	501(c)3	30,000		NA		The Helping Hands Home Care grant supports respite care for families without the financial means to support needed assistance
Family Services & Children's Aid330 W Michigan Avenue Jackson, MI 49204	38-6088382	501(c)3	20,000		NA		The Family Services and Children's aid grant supports staffing for guardianship services for local residents in need of court appointed guardian services
Fitness Finder1007 Hurst Road Jackson, MI 49201	38-2271031		10,000		NA		Fitness Finders funds support implementation of facilitated Mileage Club walking programs for students in local school districts

2

Enter total number of section 501(c)(3) and government organizations . . . . .

3

3

Enter total number of other organizations . . . . .

1

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization sends out an award letter to some of the grantee recipients The letter outlines what the funding may be used for and requests a final report detailing the year's activities Further funding is contingent upon satisfactory completion of this report The organization plans to expand this process to include all award recipients in the current year

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
  
38-2027689

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input checked="" type="checkbox"/> First class or charter travel		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input checked="" type="checkbox"/> Compensation committee		
	<input checked="" type="checkbox"/> Independent compensation consultant		
	<input checked="" type="checkbox"/> Form 990 of other organizations		
	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

## Part III Supplemental Information

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

[illegible]

Software ID:

Software Version:

EIN: 38-2027689

Name: WA Foote Memorial Hospital  
dba Allegiance Health

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Georgia Fojtasek	(i) (ii)	529,069		52,469	199,615	22,985	804,138	381,983
Jon Lake	(i) (ii)	242,048	19,830	2,158	23,131	2,657	289,824	100,113
Karen Chaprnka	(i) (ii)	302,760		29,123	77,181	14,203	423,267	216,132
Jeanne Wickens	(i) (ii)	281,055		14,657	63,068	15,896	374,676	192,723
Richard Warren	(i) (ii)	209,578		21,662	60,100	16,601	307,941	156,203
Jacalyn Liebowitz	(i) (ii)	209,633		15,564	54,024	12,832	292,053	146,504
Kenneth Empey	(i) (ii)	189,524		23,048	49,598	3,952	266,122	129,128
Janet Blair	(i) (ii)	165,615		15,262	34,762	8,784	224,423	110,155
Anthony Gardner	(i) (ii)	159,956		17,148	31,115	7,997	216,216	106,275
Ray King	(i) (ii)	264,186		18,337	55,338	21,654	359,515	166,716
Hassan Almaat	(i) (ii)	194,385	232,981	31,149	27,703	18,014	504,232	219,309
Ryan Beekman	(i) (ii)	574,650	36,917	116,088	45,580	18,334	791,569	291,238
Paul Corcoran	(i) (ii)	376,349		62,204	50,632	1,390	490,575	
Max Hutton	(i) (ii)	364,197	430,951	136,001	45,154	20,414	996,717	395,723
Tudor Tien	(i) (ii)	491,944		144,592	41,084	18,868	696,488	257,097
Brian Daly	(i) (ii)	281,072	102,738	43,381	33,183	18,274	478,648	197,597
Aurif Abedi	(i) (ii)	185,951	95,345	25,586	36,610	18,213	361,705	
Samy Wassef	(i) (ii)	176,296	99,350	58,343	27,527	17,889	379,405	
Manzar Rajput	(i) (ii)	195,459	102,615	23,659	35,823	17,968	375,524	
Anil Tibrewal	(i) (ii)	317,157	58,896	21,257	45,102	18,085	460,497	
John Mogerman	(i) (ii)	200,457	104,559	15,037	40,142	14,073	374,268	
Marlize Telles	(i) (ii)	169,448		28,396	24,333	2,669	224,846	

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
38-2027689

Part I Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	County of Jackson Hospital Finance Authority	38-6004845	467148CJ9	10-25-2006	125,000,000	Capital Expenditures		X		X
B	County of Jackson Hospital Finance Authority	38-6004845	467148CM2	10-23-2007	45,000,000	Capital Expenditures		X		X

Part II Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

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

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

**Part IV Arbitrage** *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T been filed wth respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
  
38-2027689

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

3

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table										

Total . . . . . ▶ \$ 141,521

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:

Software Version:

EIN: 38-2027689

Name: WA Foote Memorial Hospital  
dba Allegiance Health

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Dr Ray King Physician Recruitment			11,594	7,832		No	Yes		Yes	
Dr Max Hutton Physician Recruitment			80,000	10,675		No	Yes		Yes	
Dr Ryan Beekman Physician Recruitment			37,677	14,953		No	Yes		Yes	
Dr Tudor Tien Physician Recruitment			72,737	28,867		No	Yes		Yes	
Dr Paul Corcoran Physician Recruitment			75,000	23,159		No	Yes		Yes	
Dr Brian Daly  Physician Recruitment			76,019	48,203		No	Yes		Yes	
Dr Jon Lake Physician Recruitment			11,594	7,832		No	Yes		Yes	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Amy Schultz	Trustee Daughter	152,888	Employee		No
Jeremy VanWagnen	Trustee Son	75,879	Employee		No
Cynthia Kulkarni	Trustee Wife	48,813	Employee		No
Patrick Nally	Trustee Son	63,057	Employee		No
Erica Bills	Trustee Daughter	40,916	Employee		No
Lynn VanWagnen	Trustee	785,332	BusinessLynn VanWagnen is an officer of Jackson Physicians Alliance(JPA) (JPA) holds a 49% ownership stake in Jackson Community Medical Records (JCMR) Allegiance Health holds a 51% JCMR ownership stake JCMR leases employees from Allegiance Health and pays a fee for accounting, information support and other miscellaneous services		No
Lynn VanWagnen	Trustee	10,295	VanWagnen Real Estate LLC is owned by Board Trustee Lynn VanWagnen VanWagnen Real Estate leases to the hospital medical diagnostic space		No
Ray King	Officer	429,830	Ray King is a partner in a partnerships that rents a medical office building to Allegiance Health		No
Lynn VanWagnen	Trustee	536,302	Lynn VanWagnen is an officer of Jackson Physicians Alliance (JPA) (JPA) holds a 49% ownership stake in Jackson Community Medical Records (JCMR) Allegiance Health holds a 51% JCMR ownership stake Allegiance Health pays JCMR a software license fee		No
Harish Rawal	Trustee	165,628	Pay-for-call - emergency department neurosurgery call coverage		No
Mark Zande	Trustee	212,719	Mark Zande is a shareholder in Michigan Heart Michigan Heart provides medical director services for the Allegiance Health cardiovascular program and provides clincial reads for cardiac diagnostic tests		No

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
38-2027689

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Corporation is organized on a membership basis The sole corporate member of the Corporation is Allegiance Health Services

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The sole Member of the organization may elect and remove, with or without cause, the Corporation's Trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The following powers are reserved for the sole corporate Member of the hospital Approve any changes in the Articles of Incorporation Approve changes in those provisions of the Corporation's Bylaws which effect the size, composition and method of selection of the Board of Trustee Approve plans of merger, consolidation or dissolution of the Corporation Approve guarantees by the Corporation of the debt of others in excess of the maximum limits established by the Member Authorize the sale, lease, mortgage or other disposition of all or substantially all of the assets owned, held or leased by or to the Corporation, and Ratify or reject operating and capital budgets developed by the Board and any non-budgetary expenditures or creation of debt in excess of an amount designated by the Member from time to time

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Form 990 is reviewed by the organization's Director of Finance, CFO and it's public accounting firm Final copies of the return are distributed to the hospital's Board of Directors and CEO before the return is e-filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Board Finance Committee has ultimate responsibility over the enforcement of the Hospital's Conflict of Interest Policy When a potential conflict of interest is identified, the Finance Committee is responsible for review of the conflict of interest for compliance with the policy Also, General Counsel routinely reviews upcoming Board and Committee meeting agendas to assess potential conflict situations All employees and Trustees of the organization are required to fill out an annual conflict of interest questionnaire Board Trustees identified as having a conflict of interest are permitted to discuss the potential transaction They are not allowed to deliberate in the decision or vote on the matter

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The organization performs an annual review and assessment of the compensation of the Chief Executive Officer and each of the executives listed in Part VII of the Form 990 This review includes an independent compensation committee and the engagement of an independent compensation consultant The Executive Compensation Committee, an independent committee of the Board of Trustees, is responsible for the executive compensation program This committee performs an annual review of the competitiveness, reasonableness and effectiveness of all executive cash compensation and benefit programs The committee also leads the Board in evaluating the performance of the CEO and recommends all aspects of the CEOs compensation The committee reviews the CEOs recommendations regarding the compensation of all other members of executive leadership The Executive Compensation Committee engages an independent compensation consulting firm to conduct a comprehensive market analysis of total compensation for executive leadership This firm uses data representing compensation levels and practices from national not-for-profit healthcare markets as Allegiance typically competes in the national healthcare marketplace for executive talent National data also provides more comparable information for size and operational characteristics so that comparisons are made to organizations with similar scope and complexity

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's governing documents are available to the public upon request and also on the State of Michigan website Annual operating results are communicated to the public through local media In addition, Forms 990 and 990-T are available upon request The Form 990 is also available through the free website www.guidestar.org The organization's conflict of interest policy is not available to the public

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2b		An audit of the organization's financial statements was performed on a consolidated basis by an independent accounting firm

Identifier	Return Reference	Explanation
Form 990, Part IV, Line 12		WA Foote Memorial Hospital's financial statements were prepared and audited on a consolidated basis

Identifier	Return Reference	Explanation
Schedule K, Part I, Issuer A		The 2006 B and 2006 C bonds refunded 2005 A and 2005 B bonds respectively The 2005 A and 2005 B debt service refunding occurred on November 6, 2006 and the purpose was to obtain overall improved financing rates under the 2006 bond issue

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
WA Foote Memorial Hospital  
dba Allegiance Health

Employer identification number  
  
38-2027689

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Jackson Community Medical Records  205 N East Avenue Jackson, MI49201 37-1502443	Electronic Medical Records	MI	N/A	Related	-548,131	-1,313,038		No	631		No
Foote Health Center Associates  1100 E Michigan Avenue Box 105 Jackson, MI49201 38-3017711	Medical Office Building	MI	N/A	Related	60,888	65,715		No	203		No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Physicians Choice Network 205 N East Avenue Jackson, MI49201 38-2594857	Physician Rental Network	MI	N/A	C	10,783	1,236,534	100 000 %
Viking Health System Inc 205 N East Avenue Jackson, MI49201 38-2756161	Idle Healthcare Administration Corporation	MI	N/A	C			
Cascades Insurance Company LTD Governors Square Bldg 4 2nd FL Lime Tree Bay CJ 38-2027689	Hospital Malpractice Insurance Captive	CJ	N/A	C		16,406,605	100 000 %
Cascades Professional Staffing Corporation 205 N East Avenue Jackson, MI49201 38-3370242	Idle Staffing Corporation	MI	N/A	C			



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.

[illegible]

Software ID:

Software Version:

EIN: 38-2027689

Name: WA Foote Memorial Hospital  
dba Allegiance Health

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Allegiance Health Services  205 N East Avenue Jackson, MI49201 38-2756428	Exempt Health System	MI	501(c)3	11 b	N/A
Allegiance Health Foundation  205 N East Avenue Jackson, MI49201 38-3607833	Foundation support exempt hospital	MI	501(c)3	11 a	N/A
Jackson Community Ambulance  1200 State Circle Ann Arbor, MI48108 38-3316836	Community Ambulance Service	MI	501(c)3	9	N/A
Carelink of Jackson  110 North Elm Avenue Jackson, MI49202 38-1218485	Long Term Acute Care Hospital	MI	501(c)3	3	N/A
Hospice of Jackson dba Allegiance Hospice  205 N East Avenue Jackson, MI49201 38-2336367	Hospice Care	MI	501(c)3	7	N/A
The Hospice of Jackson Endowment Fund  One Jackson Square Jackson, MI49201 38-3422146	Raise Funds for Allegiance Hospice	MI	501(c)3	11 c	N/A
Healthlink Inc  205 N East Avenue Jackson, MI49201 38-2756425	Home Health Care	MI	501(c)3	11 a	N/A
Physicians Health Plan of South Michigan  One Jackson Square Jackson, MI49201 38-3311905	Exempt HMO	MI	501(c)4	NA	N/A
Michigan Imaging Services  205 N East Avenue Jackson, MI49201 38-2895225	Medical Imaging	MI	501(c)3	11 a	N/A
South Central Practice Association  205 N East Avenue Jackson, MI49201 38-3309805	Idle Organization	MI	501(c)3	11 a	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Cascades Insurance Company LTD	P	2,922,836
(2)	Cascades Insurance Company LTD	L	2,236,656
(3)	Jackson Community Medical Records	K	68,629
(4)	Jackson Community Medical Records	J	536,302
(5)	Jackson Community Medical Records	N	716,703
(6)	Physicians Choice Network	R	1,000,000
(7)	Jackson Community Medical Records	A	25,055

Form **4562**

Department of the Treasury  
Internal Revenue Service

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2008**

Attachment  
Sequence No **67**

Name(s) shown on return WA Foote Memorial Hospital dba Allegiance Health	Business or activity to which this form relates  Form 990 Page 10	Identifying number  38-2027689
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 38-2027689

Name: WA Foote Memorial Hospital  
dba Allegiance Health

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Georgia Fojtasek , President & CEO	60 00	X		X				581,538	0	222,600
Nitin Ambani , Trustee	2 00	X						0	0	0
Neeta Delaney , Trustee	2 00	X						0	0	0
Tom Evanson , Trustee	2 00	X						0	0	0
Doug Finch , Trustee	2 00	X						0	0	0
David Halsey , Trustee	2 00	X						29,631	0	0
Steve Hogwood , Trustee	2 00	X						0	0	0
Richard LaFlamme , Trustee	2 00	X						0	0	0
Tim Levy , Trustee	2 00	X						0	0	0
Harish Rawal , Trustee	2 00	X						0	0	0
Larry Schultz , Trustee	5 00	X						0	0	0
Michael Shirkey , Trustee	2 00	X						0	0	0
Lynn VanWagen , Trustee	2 00	X						0	0	0
Mark Zande , Trustee	2 00	X						0	0	0
John Nally , Trustee	2 00	X						0	0	0
David Mikelonis , Trustee	2 00	X						0	0	0
Jon Lake , Chief of Staff	2 00	X						264,036	0	25,788
Mohan Kulkarni , Chief of Staff	2 00	X						80,488	0	0
Frederick Davies , Trustee	2 00	X						0	0	0
Karen Chaprnka , SVP & Chief Operating Of	60 00			X				331,883	0	91,384
Jeanne Wickens , SVP & Chief Financial Of	60 00			X				295,712	0	78,964
Richard Warren , Chief Information Office	60 00			X				231,240	0	76,701
Jacalyn Liebowitz , Senior Vice President Pa	60 00			X				225,197	0	66,856
Kenneth Empey , General Counsel	60 00			X				212,572	0	53,550
Janet Blair , Vice President Human Res	60 00			X				180,877	0	43,546
Anthony Gardner , Vice President Marketing	60 00			X				177,104	0	39,112
William Kiel , Vice President Developme	60 00			X				81,752	0	28,307
Ray King , Chief Medical Officer	60 00			X				282,523	0	76,992
Timothy Keener , Senior Vice President St	60 00			X				0	0	0
Hassan Almaat , Physician	50 00					X		458,515	0	45,717

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ryan Beekman , Physician	50 00					X		727,655	0	63,914
Paul Corcoran , Physician	50 00					X		438,553	0	52,022
Max Hutton , Physician	50 00					X		931,149	0	65,568
Tudor Tien , Physician	50 00					X		636,536	0	59,952
Brian Daly , Physician	50 00						X	427,191	0	51,457
A urif Abedi , Physician	50 00						X	306,882	0	54,823
Samy Wassef , Physician	50 00						X	333,989	0	45,416
Manzar Rajput , Physician	50 00						X	321,733	0	53,791
Anil Tibrewal , Physician	50 00						X	397,310	0	63,187
John Mogerman , Physician	50 00						X	320,053	0	54,215
Marlize Telles , Physician	50 00						X	197,844	0	27,002

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Inpat & Outpat Svcs	621,990	354,653,137	354,653,137		
b Lab UBI Income	621,500	2,952,019		2,952,019	
c Pharmacy UBI Income	446,110	1,238,643		1,238,643	
d Rehab	621,990	518,563	518,563		
e FHC Associates & JCA	621,910	69,017	46,789	22,228	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

We lead our community to better health and well-being at every stage of life.Our MissionWe lead our community to better health and well being at every stage of life.Our ValuesCompetence: expertise in carrying out responsibilities and inspiring others to have confidence in you. Integrity: behavior that is honest, fair, trustworthy and sincere, strength of character and respect for others.Teamwork: working together in an environment of mutual respect.Diversity: respect for individual beliefs, uniqueness, and differences.Quality: committment to excellence in care.Compassion: acknowledging the feelings of others with empathy, support, encouragement, and sensitivity. Listening and responding to individual needs in a patient and caring manner.Customer Service: Taking pride in providing service beyond expectations.Healing Environment: providing an environment that promotes an atmosphere of trust, comfort, healing and security.