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DLN: 93493134011110

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

A Fo					Inspection
	r the 2	008 ca <u>lendar y</u>	ear, or tax year beginning 07-01-2008 and ending 06-30-2009		
B Ch	eck ıf ap	plicable Please	C Name of organization ALEGENT HEALTH-MERCY HOSPITAL CORNING IA	D Employer i	dentification number
☐ Add	dress cha	nge use IRS label or	Doing Business As	42-07825 E Telephone	
∏ Nar	me chan	ge print or type. Se			
Init	tial returr		Number and street (or P O box if mail is not delivered to street address)	Room/suite (402) 343	3-4323 ipts \$ 17,240,321
Ter	mination	tions.	PO BOX 368	d dross rece	ipts \$ 17,240,321
┌ Am	ended re	eturn	City or town, state or country, and ZIP + 4		
	olication	pending	CORNING, IA 50841		
		F N	ame and address of Principal Officer	H(a) Is this a group retu	rn for
			TT M WOOTEN D9 WEST DODGE ROAD	affiliates?	⊤Yes ▼ No
			HA NE 68154	H(b) Are all affiliates inclu	ided?
I Ta	x-exemp	ot status 🔽 501	(c) (3) ◀ (insert no)	` '	st See instructions)
J W	eb site	: - WWW ALEG	ENT COM	H(c) Group Exemption N	
К Тур	e of orga	nization 🔽 Corpo	ration trust association other 🕨	L Year of Formation 1953	M State of legal domicile IA
Pa	rt I	Summary			
			the organization's mission or most significant activities		
3	-	TO PROVIDE H	IGH QUALITY CARE FOR THE BODY, MIND AND SPIRIT OF E	EVERY PERSON	
듄					
<u>ş</u>	2 (Check this box I	if the organization discontinued its operations or disposed of n	nore than 25% of its ass	ets
Governance		,	g members of the governing body (Part VI, line 1a)		11
			endent voting members of the governing body (Part VI, line 1b)		6
ĭĕ			employees (Part V, line 2a)	5	159
Activities &	6	Total number of	volunteers (estimate if necessary)	6	25
¥.	7a -	Total gross unre	dated business rayonus from Bart VIII June 12, column (C)		
	ь	Net unrelated bu	lated business revenue from Part VIII, line 12, column (C)	. 7a	
			usiness taxable income from Form 990-T, line 34	. 7a 7b	0
g,	8			7b Prior Year	Current Year
Ĕ			and grants (Part VIII, line 1h)	7t Prior Year 291,309	Current Year
Oi.	9	Program servic	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468	Current Year 282,947 16,812,227
łaye	10	Program service Investment inc	and grants (Part VIII, line 1h)	7t Prior Year 291,309 16,954,468 15,643	Current Year 282,947 16,812,227 4,178
Revenue	10 11	Program service Investment inco Other revenue	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468	Current Year 282,947 16,812,227
Reve	10	Program service Investment inco Other revenue	and grants (Part VIII, line 1h)	7t Prior Year 291,309 16,954,468 15,643	Current Year 282,947 16,812,227 4,178
Вэче	10 11	Program service Investment income Other revenue Total revenue- 12)	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018	Current Year 282,947 16,812,227 4,178 135,615
Reve	10 11 12	Program service Investment inc Other revenue Total revenue 12) Grants and sim	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438	Current Year 282,947 16,812,227 4,178 135,615 17,234,967
	10 11 12	Program service Investment inco Other revenue Total revenue 12) Grants and sim Benefits paid to Salaries, other	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472
	10 11 12 13 14 15	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10)	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047
	10 11 12 13 14 15	Program service Investment incomplete of the revenue of the revenu	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472
Expenses Rave	10 11 12 13 14 15 16a b	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising	and grants (Part VIII, line 1h)	7th Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047
	10 11 12 13 14 15 16a b	Program service Investment inco Other revenue Total revenue 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expense	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0
	10 11 12 13 14 15 16a b 17 18	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expenses Total expenses	and grants (Part VIII, line 1h)	7th Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021 8,762,698 16,029,319	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0 7,588,083 15,713,602
Expenses	10 11 12 13 14 15 16a b	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expenses Total expenses	and grants (Part VIII, line 1h)	7th Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021 8,762,698 16,029,319 1,318,119	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0 7,588,083 15,713,602 1,521,365
Expenses	10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expense Total expenses Revenue less e	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021 8,762,698 16,029,319 1,318,119 Beginning of Year	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0 7,588,083 15,713,602 1,521,365 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expense Total expenses Revenue less e	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021 8,762,698 16,029,319 1,318,119 Beginning of Year 15,413,477	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0 7,588,083 15,713,602 1,521,365 End of Year 12,046,324
Expenses	10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expense Total expenses Revenue less e	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021 8,762,698 16,029,319 1,318,119 Beginning of Year 15,413,477 5,814,759	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0 7,588,083 15,713,602 1,521,365 End of Year 12,046,324 926,242
Net Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue Total revenue- 12) Grants and sim Benefits paid to Salaries, other 10) Professional fu (Total fundraising Other expense Total expenses Revenue less e	and grants (Part VIII, line 1h)	Prior Year 291,309 16,954,468 15,643 86,018 17,347,438 1,600 7,265,021 8,762,698 16,029,319 1,318,119 Beginning of Year 15,413,477	Current Year 282,947 16,812,227 4,178 135,615 17,234,967 323,472 0 7,802,047 0 7,588,083 15,713,602 1,521,365 End of Year 12,046,324

Please Sign

Here

2010-05-14 Signature of officer

SCOTT M WOOTEN SENIOR VP/CFO

	Type or print name and title

Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature self-empolyed • Paid Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's KPMG LLP **Use Only** TWO CENTRAL PARK PLAZA SUITE 1501 Phone no 🕨 (402) 348-1450 OMAHA, NE 68102

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission	ı			
See A	ddıtıonal Data Table				
2	Did the organization undertake any the prior Form 990 or 990-EZ? .		ervices during the year v	which were not listed on	Yes ▼ No
	If "Yes," describe these new service			,	,
3	Did the organization cease conduct services?		t changes in how it cond		Yes ✓ No
	If "Yes," describe these changes or	n Schedule O		·	·
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organiza others, the total expenses, and reve	tions and 4947(a)(1)	trusts are required to re	port the amount of grants and	
4a	(Code) (Expense: Alegent Health Mercy Hospital, Corning su The hospital offers the following services is services, Chemotherapy and Electroencep	ipports the mission by conti to our patients 24-hour em	nergency care with heliport a		
4b	(Code) (Expense: Alegent Health Mercy Hospital, Corning pr Throat, Cardiovascular Services, Dermatol Surgery, Podiatry, Urology, Speech and O	ovides several specialty clir logy, Gastroenterology, Ger	neral surgery/Wound Care, G		
4c	(Code) (Expense: Alegent Health Mercy Hospital, Corning of Bedford, Iowa, AND small rural communiti	fers a full range of Home C			475,179) Icians in Coming, Lenox, and
4d	Other program services (Describe	e in Schedule O)			
	(Expenses \$	including grants o	f \$) (Revenue \$)
4e	Total program service expenses \$	14.459.95	6 Must equal Part IX. I	Line 25. column (B).	

art IV	Checklist	of Red	nuired	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	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		Νο
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		Νο
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		Νο
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		N o
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		Νο
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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	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		No
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 VI

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			
а	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		Νο
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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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		Νo
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		Νο
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.	37		Νo

Pal	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
	1a 52			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		Νο
Ь	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
9	year?	ı		
э a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. 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			

8

Section A. Governing Body and Management

No

Νo

Nο

Νo

10

11

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circu	mstances,
	processes, or changes in Schedule O. See instructions.	
3	Enter the number of voting members of the governing body 1a	1.5

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

must describe in Schedule O the process, if any, the organization uses to review the Form 990

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

а	Enter the number of voting members of the governing body	1a		11			
b	Enter the number of voting members that are independent	1b		6			
	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•		2		No
	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	•			3		No
•	Did the organization make any significant changes to its organizational documents s filed? $$.	ince t	he prior Form	1990 was	4		No
	Did the organization become aware during the year of a material diversion of the organization	anızatı	ion's assets?		5		Νo
	Does the organization have members or stockholders?				6	Yes	
а	Does the organization have members, stockholders, or other persons who may elect governing body?				7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persoı	ns?	7b	Yes	
i	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken dur	ing the			
а	the governing body?				8a	Yes	
ь	each committee with authority to act on behalf of the governing body?				8b	Yes	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a		Νo
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IA
- 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. I another's website.
- 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 SCOTT M WOOTEN SENIOR VPCFO

SCOTT M WOOTEN SENIOR V 12809 WEST DODGE ROAD OMAHA, NE 68154 (402) 343-4323

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	(C) Position (check all that apply)							(F)		
(A) Name and Title	(B) Average hours per week	rage T O Not Not	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations							
							-				

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1							
			-	$\vdash \vdash$			\vdash			
				\vdash			\vdash			
			\vdash							
			-							
1b Total			' -	Ш.		<u> </u>	-	1,564,941	1,319,842	608,929

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	, 00	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REHABVISIONS 11623 ARBOR ST OMAHA, NE 68144	REHAB SERVICES	249,864
Heartland Oncology One Edmundson Place Ste 100 Council Bluffs, IA 51503	Physician Group	188,016
JIM ODEFEY 200 FAIRVIEW DRIVE RED OAK, IA 51566	CERTIFIED NURSE ASSISTANT	128,870
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization		3

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
	1a	Federated campaigns 1a	3				, ,
mts Ents	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	c	Fundraising events					
無無	d	Related organizations 1d					
<u>3,5</u>	e	Government grants (contributions) 1e	245,634				
ution her si	f	All other contributions, gifts, grants, and similar amounts not included above	37,313				
	g	1f Noncash contributions included in					
200		lines 1a-1f \$					
•	h	Total (Add lines 1a-1f)		282,947			
			Business Code				
Program Service Revenue	2a	NET PATIENT SVC REVENU	621,500	16,605,884	16,605,884		
	ь	AFFILIATE REVENUE	900,099	129,130	129,130		
	С	HEALTH PROMOTIONS	900,099	77,213	77,213		
rws	d						
3g	e						
ogran	f	All other program service revenue					
_ <u>*</u> 	g	Total. Add lines 2a-2f					
	3	Investment income (including div					
		other sımılar amounts)		4,178			4,178
	4	Income from investment of tax-exempt t	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	с	Rental income					
	d	or (loss) Net rental income or (loss)					
	7a	(1) Securities Gross amount from sales of	(II) O ther				
	ь	assets other than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
Ф	8a	Gross income from fundraising events (not including \$ of contributions reported on line					
Other Revenue		1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
	ь	Less direct expensesb					
ŧ	c	Net income or (loss) from fundrais					
0	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expensesb	,				
	c	Net income or (loss) from gaming	activities 🕨				
	10a	Gross sales of inventory, less returns and allowances .	7,517				
	ь	Less cost of goods sold b	5,354				
	С	Net income or (loss) from sales of		2,163			2,163
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722,320	81,160	<u></u>		81,160
	Ь	OTHER OPERATING INCOME	900,099	51,307	51,307		
	С	REIMBURSED SERVICES	900,099	985	985		
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g,	\$ 133,452 3, 4, 5, 6d, 7d,	17,234,967	16,864,519	0	87,501
	_	8c, 9c, 10c, and 11e					

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 r	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	7,300	7,300							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	316,172	316,172							
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	259,381		259,381						
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	6,136,456	5,645,539							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	237,742	218,723	19,019						
9	Other employee benefits	771,605	709,877	61,728						
10	Payroll taxes	396,863	365,114	31,749						
11	Fees for services (non-employees)									
а	Management									
b	Legal									
C	Accounting									
d	Lobbying	2,101	2,101							
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	953,974	953,974							
12	Advertising and promotion	53,590	49,303	4,287						
13	Office expenses	2,582,094	2,375,526	206,568						
14	Information technology									
15	Royalties									
16	Occupancy	314,173	314,173							
17	Travel	72,335	66,548	5,787						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	23,291	21,428	1,863						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	864,849	864,849							
23 24	Insurance	44,908	41,315	3,593						
	total expenses shown on line 25 below)									
	PURCHASED SERVICES	1,989,003	1,829,883	159,120						
b	BAD DEBTS	569,433	569,433	5.00						
C a	MISCELLANEOUS MEMBERCHIR & DUEC	65,307	60,083	5,224						
d	MEMBERSHIP & DUES	27,447	25,083	2,364						
e r	TAXES & LICENSES	16,701	15,365	1,336						
f ae	All other expenses	8,877	8,167	710						
25	Total functional expenses. Add lines 1 through 24f	15,713,602	14,459,956	1,253,646	0					
26	Joint Costs. Check 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		(E End of	
	1	Cash—non-interest-bearing			3,207,574			930,898
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net		1,863	3		1,868	
	4	Accounts receivable, net			2,999,411	4		2,087,364
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			409,018	8		417,591
\$	9	Prepaid expenses and deferred charges			29,205	9		
Assets	10a	Land, buildings, and equipment cost basis	10a	17,152,731				
•	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	9,048,441	8,714,690	10c		8,104,290
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Pai Schedule D</i>	t VII d	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	51,716	15		504,313		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,413,477	16	1	2,046,324
	17	Accounts payable and accrued expenses .	1,461,294	17		248,257		
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
Š.	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		4,353,465	25		677,985	
	26	Total liabilities. Add lines 17 through 25			5,814,759	26		926,242
s es		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
an.	27	Unrestricted net assets			9,598,718	27	1	1,120,082
Balance	28	Temporarily restricted net assets				28		
돧	29	Permanently restricted net assets				29		
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comp	let e				
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fur			32			
Net Net	33	Total net assets or fund balances	9,598,718	33	1	1,120,082		
_	34	Total liabilities and net assets/fund balances			15,413,477	34	1	2,046,324
Pa	rt XI	Financial Statements and Reporting						
		· -					Yes	No

Dart VI	Financial Statements and Reporting	_

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Νο
С	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?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b	

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

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.

Open to Public Inspection

ALEGE	NT HEA	LTH-MERCY HO	SPITAL CORNING	IA								
								42	-078251	8		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organiz	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon))				
1	Г	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section 1	170(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	✓	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	t ion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedu	le H)	
4	Γ	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap	A federal, s	tate, or local go	overnment or governmental	unıt desci	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral public	
		described i	n Sect ion 170(o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	ership fees	s, and gross	
		receipts fro	m activities rel	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ						of, to perform the functions of, or to carry out the purposes of					
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
e	Г	·		rtify that the organization is			-			' ''		
_	'	•	- ,	agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
a		check this		as the organization accepted	d any dift	or contrib	ution from	any of the			ı	
g		following pe		as the organization accepted	a any gni	or contrib		any or the	-			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization		s the	1 1	ou notify		s the	(vii) A mount of	
		orted		(described on lines 1 - 9	_	ation in		inization		ation in	support?	
	Organ	nization		above or IRC section (See Instructions))		listed in verning		i) of your port?		rganized US?		
				(See Instructions))		ment?	3471	,,,,,	"" ""			
					Yes	No	Yes	No	Yes	No	1	
					 	 	 	 	t	 	 	

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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 A (Form 990 or 990-EZ) 2008

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (P	roxy Tax)			
Na	me of the organization GENT HEALTH-MERCY HOSPITAL CORN	·		Employer ider 42-0782518	ntıfıcatıon number	
Par		oy all organizations exempt e the instructions for Schedule				
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV		
2	Political expenditures				\$	0
3	V olunteer hours					0
Par	t I-B To be completed b for Schedule C for d	oy all organizations exempt etails.)	under section	n 501(c)(3). (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	;	\$	0
2	Enter the amount of any excise	e tax incurred by organization manaç	jers under sectioi	n 4955	\$	0
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	-7	☐ Yes	☐ No
4a	Was a correction made?				☐ Yes	☐ No
Ь	If "Yes," describe in Part IV					
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).	•
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orga	nızatıons for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes	□ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oald from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate	nts
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of p contributions re and promptly directly delivers separate polit organization If enter -0-	ceived and ed to a tical
Ear I	Danaguark Daduction Act Notice	soo the instructions for Form 000	Cat No E	00046 Schodulo C /	Earm 000 or 000 E	71 2009

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

•		·	_
Part II-B	To be completed b	y organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election und	er section 501(h)). (See the instructions for Schedule C for details.)	

		(a)		(b)		
		Yes	No	/	A moui	nt
1	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					
а	Volunteers?		Νo			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes				2,101
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through		•			2,101
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	1		
b	If "Yes" enter the amount of any tax incurred under section 4912			1		
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), so section 501(c)(6). (See the instructions for Schedule C for details.)	ection	501(c)(5), or	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	till-B To be completed by all organizations exempt under section 501(c)(4), so section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.	" OR if	f Part			
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
С	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	Ļ	3 \$			
4	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 politic expenditure next year?	al	4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	ſ	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

Ident if ier	Ret urn Reference	Explanation

Part IV Supplemental I	Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Attach to Form 990. To be completed by organizations that

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ALEGENT HEALTH-MERCY HOSPITAL CORNING IA 42-0782518 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- 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
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Part	Organizations Maintaining Coll	ections of Art, His	tori	cal Treasu	ires, or Othei	r Similar Asse	≥ ts (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ne fol	lowing that ar	e a significant us	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's coll Part XIV	ections and explain hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an amo				ınızatıon answe	ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	in or other intermediary	for c	ontributions (or other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	e the following table						
						A mou	ınt	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if							
_		(a)Current Year (b) Prior	Year (c)Tw	o Years Back (d)	Three Years Back (e	:)Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	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						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possess	ion of the organization	that	are held and a	idministered for t	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)	_	↓
	(ii) related organizations					3a(ii)	 	
ь 4	If "Yes" to 3a(II), are the related organizations Describe in Part XIV the intended uses of the	•				Зь		
	t VI Investments—Land, Buildings,				art V line 10			
Pai	Threstments—Land, Buildings,	and Equipment. 5			·			
	Description of investment			Cost or other (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land				7,500			7,500
b I	Buildings				6,342,693	2,194,434		4,148,259
c I	Leasehold improvements				305,337	174,750		130,587
d I	Equipment				10,461,232	6,679,257		3,781,975
e	Other	<u></u>			35,969			35,969
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fori</i>	n 990, Part X, column (B,), line	10(c).)		►		8,104,290
		m 990, Part X, column (B,), line	10(c).)	·			8,104,2

	nts-Other Securities. See	Form 990, Part X, line 1	2.	
	n of security or cateory name of security)	(b)Book value		d of valuation year market value
Financial derivatives and	other financial products			
Closely-held equity inter	ests			
Other				
Total. (Column (b) should equ	ual Form 990, Part X, col (B) line 12) 🕨			
Down Will Investmen	anta Duaguam Dalatad Co	a Farm 000 Dart V June	12	
	ents—Program Related. Se			d of valuation
(a) Descripti	on of investment type	(b) Book value		year market value
	ual Form 990, Part X, col (B) line 13) 🕨			
Part IX Other Ass	sets. See Form 990, Part X, II			
	(a) Descri	ption		(b) Book value
Total. (Column (b) should	equal Form 990, Part X, col.(B) line	15.)		
	bilities. See Form 990, Part 3			
	ription of Liability	(b) A mount		
Federal Income Taxes				
AMOUNTS DUE TO 3RD	PARTY PAYORS	677,985		
Total. (Column (b) should equ	ual Form 990, Part X, col (B) line 25) 🖡	677,985		

Cileu	ule D (Form 990) 2008		Page
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
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	
1	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
5	Investment expenses	6	
,	Prior period adjustments	7	
3	Other (Describe in Part XIV)	8	
,	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		turn
	Total revenue, gains, and other support per audited financial statements	1	· · · · · · · · · · · · · · · · · · ·
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
,	Donated services and use of facilities		
:	Recoveries of prior year grants		
	Other (Describe in Part XIV) 2d	1	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
ı	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV) 4b		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
ı	Donated services and use of facilities		
)	Prior year adjustments		
	Losses reported on Form 990, Part IX, line 25 2c		
	Other (Describe in Part XIV) 2d		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
)	Other (Describe in Part XIV) 4b		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
ar	XIV Supplemental Information		

Ident if ier	Ret urn Reference	Explanation
		PART X - THE ENTITIES REPORTED IN THE CONSOLIDATED AUDIT HAVE ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) DURING 2008 FIN 48 PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES THE ADOPTION OF FIN 48 BY THESE ENTITIES DID NOT HAVE A MATERIAL IMPACT ON THEIR FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS

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DLN: 93493134011110

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

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.

Hospitals

Name of the organization ALEGENT HEALTH-MERCY HOSPITAL CORNING IA

Employer identification number

					4	2-0782518			
Pā	rt I Charity Care and	l Certain O	ther Com	munity Benefits a	t Cost (Optional f	or 2008)			
								Yes	No
1a	Does the organization have a						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								
	Applied uniformly to all ho	ospitals		Applied uniformly	y to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest numbe	r of the			
а	Does the organization use Fe income individuals? If "Yes,"						3a		
	Γ _{100%} Γ _{150%}	Г	200%	C Other	%				
b	Does the organization use FP					ındıvıduals? If			
_	"Yes," indicate which of the fo						3ь		
	Г _{200%} Г _{250%}	Г		- 350%	_	٠,			
	I 200% I 250%	I 300)% I	350% I 400)% I Other	%			
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ıde in the description v	hether the organizat				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budget	t amounts for	free or disco	unted care provided ui	nder its charity care [policy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5с		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedule	_	ksheets prov	vided in the Schedule H	I instructions Do not	submit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs				enefit	(f) Pero total ex			
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
С	Unreimbursed costs—other means-tested government programs (from worksheet 3,								
d	column b)								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and ın-kınd contributions to community groups (from worksheet 8)								
-	Total Other Benefits								
k	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	(d) Direct offsetting (e) Net		(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		(c) O rganization's profit % or stock ownership %			employees' profit p		(e) Physicians' profit % or stock ownership %	
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008) ER-24 hours Children's hospital Research facility General medical & surgical Teaching hospital Licensed hospital Critical access hospital Name and address Other (Describe) ALEGENT HEALTH MERCY HOSPITAL 603 ROSARY DRIVE Χ Χ CORNING, IA 50841 AH CORNING RURAL HEALTH CLINIC 601 ROSARY DRIVE RURAL HEALTH CLINIC CORNING, IA 50841 AH BEDFORD RURAL HEALTH CLINIC 618 COURT AVE RURAL HEALTH CLINIC BEDFORD, IA 50833 AH LENOX RURAL HEALTH CLINIC RURAL HEALTH CLINIC 810 1/2 E VAN BUREN ST LENOX,IA 50851 AH MERCY HOSP SKILLED NURSING FACILITY SKILLED NURSING FACILITY 603 ROSARY DRIVE CORNING, IA 50841

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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ALEGENT HEALTH-MERCY HOSPITAL CORNING IA

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

OMB No 1545-0047

2008

DLN: 93493134011110

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion Employer identification number

ALEGENT HEALTH-MERCT	10 SPITAL CORNI	NGTA				42-0782518	
Part I General Info	rmation on Gra	nts and Assistance	е			'	
	ed to award the gra	ants or assistance?			libility for the grants or a		ΓYes Γ
Form 990, Part Part IV and Sc	t IV, line 21 for a hedule I-1 if add	iny recipient that recontinuous recontractions in the contraction of t	eived more than \$5,0	00. Check this box	tes. Complete if the of the first in the fir	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1 107	(h) Purpose of grant or assistance
					•		
3 Enter total number of ot For Paperwork Reduction Act No			<u> </u>	Cat No 50055			hedule I (Form 990) 2008

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.

(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
358		315,572	воок	REDUCE OR WRITE OFF OF PATIENT SERVICES
3	600			
	recipients	recipients cash grant	recipients cash grant non-cash assistance 358 315,572	recipients cash grant non-cash assistance (book, FMV, appraisal, other) 358 315,572 BOOK

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

See Additional Data Table								
Ident if ier	Return Reference	Explanation						
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 1 Alegent Health-Mercy Hospital, Corning, IOWA recognizes the right to quality healthcare regardless of age, sex, race, religion, national origin, or ability to pay Business office staff helps patients seek local, state, and federal reimbursement at no charge when no other source of payment is available. Financial assistance is provided to patients with demonstrated inability to pay for medically necessary services. THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE. SCHEDULE I, PART I, LINE 2. The organization makes grants to other 501(C)(3) organizations and the funds are only provided for charitable purposes. However, Those organizations that receive funds from the organization are below the reporting threshold and are required to follow their 501(C)(3) requirements surrounding the use of funds received.						
O ther Information	Part IV	THE ROSE ANN AUXILIARY SCHOLARSHIP IS PROVIDED TO FUND FOR THE SECOND SEMEMSTER OF STUDY TO ELIGIBLE HIGH SCHOOL SENIORS ENTERING THE HEALTH CARE FIELD APPLYING STUDENTS MUST INDICATE A HEALTH CARE MAJOR AND COLLEGE OR INSTITUTION THEY PLAN TO ATTEND ACCOMPANIED BY A LETTER STATING REASONS WHY THEY SHOULD RECEIVE THE SCHOLARSHIP AND PERSONAL INFORMATION TO HELP THE SELECTION COMMITTE IN MAKING THEIR DECISION AFTER SCHOLARSHIP IS GRANTED STUDENTS MUST PROVIDE GRADES FOR THEIR FIRST SEMESTER AND PROOF OF ENROLLMENT FOR A SECOND SEMESTER						

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As Filed Data -

DLN: 93493134011110

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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.

Open to Public Inspection

ALE	GENT HEALTH-MERCY HOSPITAL CORNING IA	' '			
		42-0782518			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding				
	First class or charter travel Housing allowance or residence for	· personal use			
	Travel for companions Payments for business use of person	onal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiate	ion fees			
	Discretionary spending account Personal services (e.g., maid, chau	ıffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimburse provision of all the expenses described above? If "No," complete Part III to explain	ement or	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line	•	2		
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 Compensation committee Independent compensation consultant Form 990 of other organizations The Approval by the board or compensation compensation.				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a				
а	Receive a severance payment or change of control payment?		4a		Νo
ь	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		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ın Part III			
5	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the revenues of	any			
а	The organization?		5a	Yes	
b	Any related organization?		5b		Νo
	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 a compensation contingent on the net earnings of	iny			
а	The organization?		6a	Yes	
b	Any related organization?		6b	Yes	
	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 nor payments not described in lines 5 and 6? If "Yes," describe in Part III	n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that v				

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

							ı		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(I) (II)	232,172	79,145	28,203	183,268	7,052	529,840		
	(I) (II)	88,963	16,031	24,877	14,698	19,364	163,933		
	(I) (II)	84,725	15,643	36,732	10,635	17,387	165,122		
	(I) (II)	341,696	180,665	190,990	185,614	11,301	910,266		
	(I) (II)	476,330	17,045	31,415	15,850	17,237	557,877		
	(I) (II)	215,232	11,887	19,043	24,025	4,026	274,213		
	(I) (II)	317,232	24,513	18,198	24,279	7,874	392,096		
	(I) (II)	114,273		27,738	10,396	21,126	173,533		
	(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

Ident if ier	Return Reference	Explanation
	Part I, Line 4a	The following reportable individuals received supplemental nonqualified retirement plan payments from Alegent Health during the 2008 calendar year and these supplemental payments were included in the INDIVIDUAL'S W-2 income and reportable as compensation on Schedule J Scott Wooten - \$139,033
	Part I, Line 5	Physicians employed by ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA are compensated based on their individual practice revenues less practice expenses. Absent extenuating circumstances, there is no guaranteed based salary or minimum salary past their initial practice start-up period. Some physicians are compensated based on their work RVU production which is a nationally accepted measure of physician productivity.
	Part I, Line 6	Compensation for members of management of Alegent Health and related entities is determined at a system level MEMBERS OF MANAGEMENT INCLUDE SCOTT WOOTEN, MARIE KNEDLER, JAMES RUPPERT, DEBRA GOLDSMITH, DENISE MCNITT AND RODNEY TRIPLETT Members of management are eligible for an annual incentive bonus with the objective of attracting and retaining highly qualified management. Management sets measurable individual accountabilities which align and contribute to the achievement of Alegent Health SYSTEM'S key performance indicators related to the SYSTEM'S strategic priorities. Within the priorities are set measures that must be met in order for the bonus to be paid out. One of the six measures is dependent on the financial results of the entire Alegent Health system for the fiscal year.
Supplemental Information	Part III	Part I, Line 3 - The top management officialS for ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA ARE RODNEY TRIPLETT, Network Executive, James Ruppert, ADMINISTRATOR (FOR PART OF THE FISCAL YEAR) AND Debra Goldsmith, ADMINISTRATOR (FOR PART OF THE FISCAL YEAR) RODNEY TRIPLETT SPLITS HIS TIME BETWEEN THE REGIONAL HOSPITALS WITHIN THE ALEGENT HEALTH SYSTEM AND EACH REGIONAL HOSPITAL HAS AN ON-SITE HOSPITAL ADMINISTRATOR ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL, MISSOURI VALLEY, IA relies on Alegent Health to establish the compensation of the Alegent Health Network Executive AND HOSPITAL ADMINISTRATOR THESE position ARE management positionS within Alegent Health, in which Alegent Health Human Resources completes a compensation market study to determine salary

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DLN: 93493134011110

OMB No 1545-0047

Open to Public

Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

Transactions with Interested Persons

Name of the organization

Employer identification number

ALEGENT HEALTH-MERCY HOSPITAL CORNING IA						42	2-078	2518	3			
Part I Excess Benefit Transact						(4) organi	zatıor	ıs or	ıly).			
To be completed by organization	ns t	hat answered "Yes I	" on	Form 990, Part IV	, line	25a or 25b	o, or F	orm 9	90-EZ			
1 (a) Name of disqualifie	d pe	rson		(b) Des	crıptı	on of transa	ction			1	c) Corr	No No
											res	NO
2 Enter the amount of tax imposed on section 4958			gers		ons •	during the y	ear ur	nder F	\$			
3 Enter the amount of tax, if any, on li	ne 2,	, above, reimbursed	d by	the organization .				•	\$			
Part II Loans to and/or From To be completed by organiza				on Form 990. Part	TV . lı	ne 26. or Fo	orm 9	90-F	7. Part	V. lin	e 38a	
. o se completed sy olyamza) Loan to or		311 3111 33 3 7 1 are	1				(f			
(a) Name of interested person and purpose	1	from the ganization?	(c)O riginal principal amount		(d)B	alance due	(e) In		A ppr by bo	ard or	1	ritten ment?
	ļ	Γο From					Yes	No	Yes	No	Yes	No
	+											
	+											
otal				> \$				l			1	
Grants or Assistance B To be completed by organ					an	Part IV Jun	27 م					
(a) Name of interested person	1124			ween interested pe					nt or ty	ne of	assista	nce
(a) Nume of interested person		and	the o	organization		(C)AIII		, gra		pc 01 1		1100
Part IV Business Transactions To be completed by organ					90, 1	Part IV, lın	ie 28a	a, 28	b, or	28c.		
		(b) Relationship									(e) Sha	_
(a) Name of interested person		person and the	: d	(c) A mount of transaction		(d) Descr	ıptıon	of tra	nsactı	on [reven	ues?
41CHAEL GRUNDMAN-DIRECTOR	В	organization ROOKE GRUNDMA	4 N -	49,0	086	EMPLOYEE	OF				Yes	No No
	F/	AMILY MEMBER		,		ORGANIZA						
	\perp											

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DLN: 93493134011110

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

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.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-MERCY HOSPITAL CORNING IA

Employer identification number

42-0782518

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM IS THE SOLE MEMBER OF ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IOWA

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM APPOINTS INDIVIDUALS TO SERVE ON THE BOARD OF DIRECTORS THE BOARD, OR A NOMINATING COMMITTEE OF THE BOARD, PRESENT A SLATE OF NOMINEES AND THEIR CREDENTIALS TO THE MEMBER FOR APPROVAL ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM MAY REJECT ANY NOMINEE OR APPOINT INDIVIDUALS DIRECTLY TO THE BOARD OF DIRECTORS, OR REQUEST ADDITIONAL NOMINEES BY GIVING WRITTEN NOTICE OF SUCH ACTIONS TO THE CHAIRMAN OF THE BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE POWERS, DUTIES AND RIGHTS RESERVED TO ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM WILL BE, BUT ARE NOT LIMITED TO, THE FOLLOWING A TO AMEND, REVISE OR ALTER THE ARTICLES OF INCORPORATION OR THE BYLAWS, B TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD OF DIRECTORS, C TO APPROVE ANY MERGER OR CONSOLIDATION INTO OR WITH ANY OTHER CORPORATION, ORGANIZATION OR ASSOCIATION, AND TO APPROVE THE DISSOLUTION OR OTHERWISE WRAPPING UP OF THE AFFAIRS, D TO APPROVE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS, E TO APPROVE THE INCORPORATION OR DISSOLUTION OF AFFILIATED ENTITIES ORGANIZATIONS OR ASSOCIATIONS, AND F TO RECEIVE THE ANNUAL REPORT OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA IS PART OF THE ALEGENT HEALTH SYSTEM Tax returns for entities of the Alegent Health system are prepared by a central tax department. Following the preparation of ALEGENT HEALTH MERCY HOSPITAL, CORNING, IOWA Form 990 by Alegent Health internal tax staff, the return is reviewed by the Alegent Health Tax Director, External Tax Advisor and the Chief Financial Officer. The final tax return is posted to Alegent HEALTH'S electronic DIRECTOR'S portal to be reviewed and presented at the Alegent Health Finance and Audit Committee of the Board. The Chief Financial Officer and Tax Director are present at the Alegent Health Finance and Audit Committee meeting to answer questions. Therefore, review prior to filing is completed on a system level and not by ALEGENT HEALTH MERCY HOSPITAL, CORNING, IOWA Board of Directors.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Written Conflict of Interest Policy - ALEGENT HEALTH MERCY HOSPITAL, CORNING, IOWA has adopted the conflict of interest policy and conflict of investigation process of Alegent Health Annual completion of the disclosure statement is required by the Board of Directors Stated disclosures are investigated by the Alegent Health Compliance Officer and reported to the Conflicts of Interest Committee The Conflicts of Interest Committee reviews the investigation and makes recommendations to the Governance Committee The Governance Committee makes the final determination of whether or not there is a disqualifying event and communicates it to the ALEGENT HEALTH MERCY HOSPITAL, CORNING, IOWA Board At any time a Board Member or Key Employee may declare a conflict of interest and recuse his/herself from the discussion. The individual is also required to disclose any known or possible conflicts of interest that arise during the calendar year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The conflict of interest policy is made available to the public on the website at www alegent com ALEGENT HEALTH MEMORIAL HOSPITAL, CORNING, IOWA does not make the financial statements or governing documents available to the public. However, ARTICLES OF INCORPORATION are available at www sos state ia us

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2A-2C & PART IV, LINE 12		The ORGANIZATION'S financial statements are audited on a consolidated basis along with Alegent Health-BERGAN MERCY HEALTH SYSTEM. The ALEGENT HEALTH finance and audit committee oversee the audit process.

ldentifier	Return Reference	Explanation
FORM 990, Part I, Line 5 and Part V, Line 2A		The employees listed in Part I, Line 5 and Part V, Line 2A are employed by ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IA How ever, through a common pay agent agreement, the employees are paid by Alegent Health and payroll expenses are allocated to ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IOWA

ldentifier	Return Reference	Explanation
Part V, Line 1c		Payments to vendors for entities that are part of the Alegent Health system are made by Alegent Health, therefore no Form 1099s are issued by ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IOWA Alegent Health FILES THE FORM 1099S AMD complies with the backup withholding rules for reportable payments to vendors and gaming winnings

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 7G AND 7H		DURING THE YEAR, THE ORGANIZATION DID NOT RECEIVE ANY OF THE PROPERTY LISTED ON LINE 7G AND 7H, THEREFORE, NO FORMS WERE FILED

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

Cat No 51056K

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization ALEGENT HEALTH-MERCY HOSPITAL CORNING IA	Employer identification number				
Part I Identification of Disregarded Entities				42-0782518	
(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 Organiza	ations				
(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 statu (if section 501(c)(3	(F) Direct controlling entity
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5Y		Schedule R (Form 990) 2008

Schedule R (Form 990) 2008											Рa	ge 2	
Part III Identification	of Related Organiz	ations	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-y	ear assets			(I) Code V—UBI amount or Box 20 of K-1	Gen mar pa	(J) General or managing partner?	
AVANTAS LLC								Yes	No		Yes	No	
11128 JOHN GALT BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	RELATED					No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC													
17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	RELATED					No			No	
LAKESIDE ENDOSCOPY CENTER LLC													
17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	RELATED					No			No	
OMAHA AMBULATORY INVESTMENT COMPANY LLC													
12809 WEST DODGE RAOD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT HEALTH	RELATED					No			No	
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC	DIAGNOSTIC TESTING		ALEGENT HEALTH										
3606 N 156TH STREET STE 104 OMAHA, NE68154 06-1786985	FACILITY	NE 	ALLOENT HEALTH	RELATED					No			No	
PRAIRIE HEALTH VENTURES LLC			ALEGENT HEATH-										
421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	IMMANUEL MEDICAL CENTER	RELATED					No			No	
BERGAN MERCY SURGERY CENTER LLC	AMBULATORY SURGICAL		OMAHA AMBULATORY										
7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	CENTER	NE	INVESTMENT COMPANY LLC	RELATED					No			No	
Part IV Identification	of Related Organiz	atione	Tavable as a	Corneration	or Trust								
	Or Related Organiz		I UNUDIC US U		(D)	(E)	//	F)	1	(G)	(H)		
(A) Name, address, and EIN of re	elated organization	(B) Primary ac	tivity Le	(C) gal domicile (state or foreign country)	Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Share of to	otal inc	ome		(H) ercentag ownershi		
ALECENT HEALTHCREICHTON CT 100	EDIL MANACED CADE												

		<u> </u>					
(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
	MANAGED CARE SERVICES	NE	ALEGENT HEALTH	С			
	•		•	•	•	Schodulo	P (Form 990) 2009

No

No No No No No

No No No No

No No No No No

No

No No

Yes

1p

1q

Part V	Transactions with Related Organizations	
Note	Complete line 1 if any entity is listed in Parts II III or IV	

Part V Transactions with Related Organizations		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1 c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1 g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	11	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	

0	Reimbursement	paid	to	other	organization	for	expenses

p Reimbursement paid by other organization for expenses

q O ther transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved							
(1) MERCY HEALTH CARE FOUNDATION	0	0							
(2)									
(3)									
(4)									
(5)									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: **Software Version:**

EIN: 42-0782518

Name: ALEGENT HEALTH-MERCY HOSPITAL CORNING IA

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					
ALEGENT HEALTH										
12809 WEST DODGE ROAD OMAHA, NE68154 47-0757164	LICENSED HOSPITAL/ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L3	N/A					
ALEGENT HEALTH CLINIC										
12809 WEST DODGE ROAD OMAHA, NE68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	ALEGENT HEALTH					
ALEGENT HEALTH FOUNDATION	SUPPORT OF ALEGENT HEALTH									
12809 WEST DODGE ROAD OMAHA, NE68154 47-0648586	AND AFFILIATES EXEMPT ACTIVITES	N E	501(C)(3)	L7	ALEGENT HEALTH					
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM										
7500 MERCY ROAD OMAHA, NE68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH					
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER										
6901 N 72ND STREET OMAHA, NE68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH					
MERCY HEALTH CARE FOUNDATION										
603 ROSARY DRIVE CORNING, IA 50841 42-1461064	SUPPORT OF ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	N/A					
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI					ALEGENT HEALTH					
VALLEY IA 631 NORTH 8TH STREET MISSOURI VALLEY, IA51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER					
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES					ALEGENT HEALTH					
FOUNDATION 631 NORTH 8TH STREET MISSOURI VALLEY, IA51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA	IA	501(C)(3)	L11 I	COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA					
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER					ALEGENT HEALTH-					
104 W 17TH STREET SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	N E	501(C)(3)	L3	IMMANUEL MEDICAL CENTER					
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC	SUPPORT OF ALEGENT HEALTH				ALEGENT HEALTH					
104 W 17TH STREET SCHUYLER, NE68661 36-3630014	MEMORIAL HOSPITAL, SCHUYLER EXEMPT ACTIVITIES	NE	501(C)(3)	L11 I	MEMORIAL HOSPITAL SCHUYLER					
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS					ALEGENT HEALTH-					
800 MERCY DRIVE COUNCIL BLUFFS, IA51503 42-1178204	SUPPORT OF ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	IA	501(C)(3)	L11 I	BERGAN MERCY HEALTH SYSTEM					

Form 990, Schedule R, 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)	Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Dispro allocat	prtionate	(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	Gene	J) eral or aging :ner?
							Yes	No		Yes	No
AVANTAS LLC 11128 JOHN GALT BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	ΝE	ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	RELATED				No			Νο
LAKESIDE AMBULATORY SURGICAL CENTER LLC											
17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER		A LEGENT HEALTH	RELATED				No			No
LAKESIDE ENDOSCOPY CENTER LLC											
17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER		A LEGENT HEALTH	RELATED				No			No
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE RAOD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC		A LEGENT HEA LT H	RELATED				No			No
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC	DIA GNO STIC TESTING FACILITY		A LEGENT HEA LTH	RELATED				No			No
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	ΝE	ALEGENT HEATH- IMMANUEL MEDICAL CENTER	RELATED				No			Νο
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	ΝE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	RELATED				Νο			No

Software ID: Software Version:

EIN: 42-0782518

Name: ALEGENT HEALTH-MERCY HOSPITAL CORNING IA

Form 990, Part VII - Section Aaa

·		Posit t	(C non (c)	ched		II			(E)	(F) Estimated amount of other compensation from the organization and related organizations	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Cirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		
RICHARD HOGAN , PRESIDENT	2 00	Х		Х				0	0	0	
marie knedler , DIRECTOR	2 00	Х						0	339,520	190,320	
DOUG LEONARD , VICE-PRESIDENT	2 00	X		Х				0	0	0	
PHYLLIS MULLEN , SECRETARY	2 00	Х		Х				0	0	0	
JAMES RUPPERT , EX OFFICIO/ADMINISTRATOR	60 00	X		х				106,241	0	24,180	
jane rychnovsky , SECRETARY	2 00	Х		Х				0	0	0	
LINDA SHEARER , DIRECTOR	2 00	Х						0	0	0	
WENDY THIBO DEAUX , SECRETARY	2 00	Х		Х				0	0	0	
RODNEY TRIPLETT , DIRECTOR/Network EXEC	60 00	Х		Х				0	129,871	34,062	
MIKE GRUNDMAN , DIRECTOR	2 00	Х						0	0	0	
DENISE MCNITT , DIRECTOR	60 00	Х						0	137,100	28,022	
DEBRA GOLDSMITH , DIRECTOR/ADMINISTRATOR	60 00	X		х				81,505	0	10,617	
RANDY ALLMAN , DIRECTOR	2 00	Х						0	0	0	
RANDY PRITZA MD , DIRECTOR	2 00	Х						0	0	0	
SCOTT WOOTEN , SVP/CFO	60 00			Х				0	713,351	196,915	
MAEN HADDADIN MD , PHYSICIAN	60 00					Х		524,790	0	33,087	
STEPHEN GRUBA MD , PHYSICIAN	60 00					Х		246,162	0	28,051	
BETHEL KOPP MD , PHYSICIAN	60 00					Х		359,943	0	32,153	
John Safranek MD , Physician	60 00					Х		104,289	0	0	
Caroline Amao MD , Physician	60 00					X		142,011	0	31,522	

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

Faithful to the healing ministry of Jesus Christ, our Mission is to provide high quality care for the body, mind and spirit of every person. Our commitment to healing calls us to:Create caring and compassionate environments Respect the dignity of every person Care for the resources entrusted to us as responsible stewards Collaborate with others to improve the health of our communities Attend especially to the needs of those who are poor and disadvantaged Act with integrity in all endeavors To achieve this Mission, we pledge to be creative, visionary leaders committed to holistic healthcare in the region.