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

<b>A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009</b>									
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>		<b>C Name of organization</b> ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM				<b>D Employer identification number</b> 47-0484764	
				Doing Business As				<b>E Telephone number</b> (402) 343-4323	
				Number and street (or P O box if mail is not delivered to street address) 7500 MERCY ROAD			Room/suite	<b>G Gross receipts</b> \$ 508,501,813	
				City or town, state or country, and ZIP + 4 OMAHA, NE 68124					
		<b>F Name and address of Principal Officer</b> SCOTT M WOOTEN 12809 WEST DODGE ROAD OMAHA, NE 68142				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )			
		<b>J Web site:</b> WWW.ALEGENT.COM				<b>H(c)</b> Group Exemption Number			
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other						<b>L Year of Formation</b> 1961		<b>M State of legal domicile</b> NE	

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities TO PROVIDE HIGH QUALITY CARE FOR THE BODY, MIND AND SPIRIT OF EVERY PERSON		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	3,320
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	640
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	7,251,760
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	17,097,290	8,798,620
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	441,326,295	484,475,893
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,253,292	-6,352,313
	<b>12</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,739,070	6,308,823
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	477,415,947	493,231,023
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	346,814	31,810,962
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	200,163,276	223,130,050
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 <u>360,904</u> )		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	227,634,641	229,901,332
	<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	428,144,731	484,842,344
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	49,271,216	8,388,679
	Net Assets or Fund Balances			Beginning of Year
<b>20</b>		Total assets (Part X, line 16)	527,075,968	530,640,380
<b>21</b>		Total liabilities (Part X, line 26)	98,117,043	96,355,027
<b>22</b>		Net assets or fund balances Subtract line 21 from line 20	428,958,925	434,285,353

## Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-05-14</div> <div>Date</div> </div>	
	<div> <div></div> <div>SCOTT M WOOTEN SENIOR VP/CFO</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div> <div></div> <div>Heidi Kriete</div> </div> </div>		Date	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	Preparer's PTIN (See Gen Inst )
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>KPMG LLP</div> <div>TWO CENTRAL PARK PLAZASUITE 1501</div> <div>OMAHA, NE 68102</div> </div> </div>		<div> <div>EIN</div> <div></div> </div>		
			<div> <div>Phone no</div> <div>(402) 348-1450</div> </div>		

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



Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

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

Yes

No

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

3

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

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code	) (Expenses \$	24,374,416	including grants of \$	1,911,262 ) (Revenue \$	152,606,992 )
Bergan Mercy Medical Center is equipped with the latest technologies in the Diagnostic Center. The Center is completely digital, so patients are never waiting on films. Female patients can count on expert imaging tests including ultrasound, bone density testing, stereotactic breast biopsy and digital mammography. There are a wide range of available tests at the Diagnostic Center that includes the following: Digital Mammography, MRI and Open MRI, CT, PET CT and Cardiac CT, 64-Slice CT, Fluoroscopy, Pulmonary Function Testing, Ultrasound, Cardiovascular Imaging, Phlebotomy, Nuclear Medicine, Digital Imaging, EEG, EKG and EMG, Stress Testing and Arterogram.						

4b	(Code	) (Expenses \$	20,502,039	including grants of \$	1,607,618 ) (Revenue \$	86,278,115 )
Bergan Mercy Medical Center and Mercy Hospital, Council Bluffs offers a wide range of the most comprehensive range of cardiovascular services in the region, using a team approach to address the total needs of the cardiovascular patient. Alegent Health-Bergan Mercy Health System provides a comprehensive range of cardiac services, including but not limited to: vascular and cardiac surgery, heart scans and heart checks, cardiac rehabilitation, vascular ultrasound, nuclear stress test, dual source CT scanner and angioplasty. In 2006, Mercy Hospital opened a new state-of-the-art Cardiac Catheterization lab, allowing physicians to perform procedures such as heart catheterizations, coronary interventions including balloon angioplasty and stenting, as well as implantation of pacemakers and defibrillators.						

4c	(Code	) (Expenses \$	5,949,982	including grants of \$	466,554 ) (Revenue \$	14,524,936 )
Bergan Mercy Medical Center and Mercy Hospital, Council Bluffs Cancer Support Team is comprised of a group of healthcare professionals who work together in a variety of ways to help the patient and family cope with cancer. Bergan Mercy Medical Center cancer center facility offers the full continuum of cancer care for both inpatients and outpatients. They are equipped to diagnose and aggressively treat patients with cancer and get them back to their life as soon as possible. The Cancer Center is also an area leader in stem cell research and transplantation. Individual team members include Cancer Support Services Specialists, Medical Social Workers, Cancer Rehabilitation Specialist, Pastoral Services, Dietitians, Oncology Nurse Navigators, Hospice & Home Care Services, Inpatient Nursing Services, Radiation Oncology, and Volunteer Services.						

	(Code	) (Expenses \$	354,860,275	including grants of \$	27,825,527 ) (Revenue \$	217,954,030 )
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4d	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	) (Revenue \$	)
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4e	Total program service expenses \$	405,686,712	Must equal Part IX, Line 25, column (B).			
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	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 IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . 		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . 		No
<b>32</b>	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> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	Yes	
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No



Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a247		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a3,320		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	Yes	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		



Part VI

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

Section A. Governing Body and Management

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

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1b	Enter the number of voting members that are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
6	Does the organization have members or stockholders? . . . . .	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	the governing body? . . . . .	Yes	
8b	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
9a	Does the organization have local chapters, branches, or affiliates? . . . . .		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision . . . . .		
15a	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
15b	Other officers or key employees of the organization? . . . . .	Yes	
	Describe the process in Schedule O . . . . .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>IA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SCOTT M WOOTEN SENIOR VPCFO 12809 WEST DODGE ROAD OMAHA, NE 68154 (402) 343-4323



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

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

[illegible]



**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **90**

## **Section B. Independent Contractors**

Form **990** (2008)



Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . . 1a		8,798,620				
	b	Membership dues . . . . .						
	c	Fundraising events . . . . .	47,175					
	d	Related organizations . . . . . 1d	95,981					
	e	Government grants (contributions) 1e	7,565,534					
	f	All other contributions, gifts, grants, and similar amounts not included above	1,089,930					
	g	Noncash contributions included in lines 1a-1f \$ 1,000,000						
	h	Total (Add lines 1a-1f) . . . . .						
	Program Service Revenue	2a	NET PATIENT SERVICE RE					Business Code 621,500
b		REIMBURSABLE AFFILIATE	900,099	16,055,124	16,055,124			
c		PHARMACY	446,110	7,399,322		3,054,325	4,344,997	
d		FOOD SERVICE	722,320	1,710,361		127,104	1,583,257	
e		MEDICAL STAFF MEMBERSH	900,099	134,725	134,725			
f		All other program service revenue		19,029	19,029			
g		Total. Add lines 2a-2f . . . . . \$ 484,475,893						
Other Revenue		3	Investment income (including dividends, interest other similar amounts) . . . . .		4,057,577			4,057,577
	4	Income from investment of tax-exempt bond proceeds . . . . .						
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real 2,975,805	(ii) Personal	-624,633		-624,633	
	b	Less rental expenses	3,600,438					
	c	Rental income or (loss)	-624,633					
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 768,944	-10,409,890		-10,409,890	
	b	Less cost or other basis and sales expenses	10,464,830	714,004				
	c	Gain or (loss)	-10,464,830	54,940				
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ 102,052 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a	47,175	83,876		83,876		
	b	Less direct expenses . . . . . b	18,176					
	c	Net income or (loss) from fundraising events . . . . .						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . a	12,000	5,631		5,631		
	b	Less direct expenses . . . . . b	6,369					
	c	Net income or (loss) from gaming activities . . . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . . a	716,654	249,681		249,681		
	b	Less cost of goods sold . . . . . b	466,973					
	c	Net income or (loss) from sales of inventory . . . . .						
		Miscellaneous Revenue		Business Code				
	11a	MISC OPERATING REVENUE	900,003	5,152,501		13,168	5,139,333	
	b	CHILD CARE	624,410	1,386,741			1,386,741	
c	LAUNDRY SERVICES	812,300	55,026		55,026			
d	All other revenue							
e	Total. Add lines 11a-11d . . . . . \$ 6,594,268							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			493,231,023	471,364,073	7,251,760	5,816,570	



Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	41,483	41,483		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	31,769,479	31,769,479		
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 . . . . .	6,119,136	4,589,352	1,529,784	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	170,635,295	139,042,220	31,281,448	311,627
7	Other salaries and wages			31,281,448	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,290,265	5,402,705	887,560	
9	Other employee benefits . . . . .	30,395,733	18,533,298	11,857,659	4,776
10	Payroll taxes . . . . .	9,689,621	8,054,060	1,628,898	6,663
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	122,224		122,224	
c	Accounting . . . . .				
d	Lobbying . . . . .	27,622	27,622		
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	20,588,154	14,417,550	6,170,604	
12	Advertising and promotion . . . . .	70,001	70,001		
13	Office expenses . . . . .	97,761,313	96,214,987	1,545,999	327
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	6,453,554	6,453,554		
17	Travel . . . . .	601,176	260,082	339,641	1,453
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
19	Conferences, conventions and meetings . . . . .	359,208	359,208		
20	Interest . . . . .	1,244,110	1,244,110		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	29,798,680	21,018,735	8,779,945	
23	Insurance . . . . .	1,201,735	749,476	452,259	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	PURCHASED SERVICES	22,378,932	8,156,927	14,185,947	36,058
b	BAD DEBTS	19,741,043	19,741,043		
c	JOA SETTLEMENT	18,853,000	18,853,000		
d	OTHER MANAGEMENT ALLOCA	8,064,298	8,064,298		
e	Boys Town Joint Venture	1,366,023	1,366,023		
f	All other expenses	1,270,259	1,257,499	12,760	
25	Total functional expenses. Add lines 1 through 24f	484,842,344	405,686,712	78,794,728	360,904
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



**Part X**    **Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	16,112,054	<b>1</b>	3,498,916		
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	31,873,899		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>			
	<b>4</b> Accounts receivable, net . . . . .	54,488,604	<b>4</b>	49,633,782		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>			
	<b>7</b> Notes and loans receivable, net . . . . .	210	<b>7</b>	1,550,000		
	<b>8</b> Inventories for sale or use . . . . .	9,498,550	<b>8</b>	8,731,671		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	273,576	<b>9</b>	22,249		
	<b>10a</b> Land, buildings, and equipment—cost basis	<table><tr><td><b>10a</b></td><td>479,701,903</td></tr></table>	<b>10a</b>	479,701,903		
	<b>10a</b>	479,701,903				
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<table><tr><td><b>10b</b></td><td>235,805,876</td></tr></table>	<b>10b</b>	235,805,876	170,779,411	<b>10c</b> 243,896,027
	<b>10b</b>	235,805,876				
	<b>11</b> Investments—publicly traded securities . . . . .	236,410,070	<b>11</b>	148,921,057		
	<b>12</b> Investments—other securities <i>See Part IV, line 11. Complete Part VII of Schedule D.</i> . . . .		<b>12</b>			
	<b>13</b> Investments—program-related <i>See Part IV, line 11. Complete Part VIII of Schedule D.</i> . . . .	3,608,274	<b>13</b>	31,327,779		
<b>14</b> Intangible assets . . . . .		<b>14</b>				
<b>15</b> Other assets <i>See Part IV, line 11. Complete Part IX of Schedule D.</i> . . . .	35,905,219	<b>15</b>	11,185,000			
<b>16</b> <b>Total assets.</b> <i>Add lines 1 through 15 (must equal line 34).</i>	527,075,968	<b>16</b>	530,640,380			
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	13,114,760	<b>17</b>	19,221,301		
	<b>18</b> Grants payable . . . . .		<b>18</b>			
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	355,505		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>			
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>			
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	80,111,624	<b>23</b>	75,946,369		
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>			
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	4,890,659	<b>25</b>	831,852		
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25.</i>	98,117,043	<b>26</b>	96,355,027		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets . . . . .	425,084,146	<b>27</b>	429,831,574		
	<b>28</b> Temporarily restricted net assets . . . . .	2,204,779	<b>28</b>	2,653,779		
	<b>29</b> Permanently restricted net assets . . . . .	1,670,000	<b>29</b>	1,800,000		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>			
	<b>33</b> Total net assets or fund balances . . . . .	428,958,925	<b>33</b>	434,285,353		
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	527,075,968	<b>34</b>	530,640,380		

**Part XI**    **Financial Statements and Reporting**

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



SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	Employer identification number 47-0484764
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

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

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

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



Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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

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

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



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

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

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

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

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



Part IV

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

Facts and Circumstances Test



Additional Data

Software ID:

Software Version:

EIN: 47-0484764

Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOWELL D NELSON , DIRECTOR	4 00	X						0	15,500	0
DEBORAH LEE-EDDIE , DIRECTOR	4 00	X						0	0	0
MARK G FRANCO MD , SECRETARY/TREASURER	5 00	X		X				0	23,500	0
LESLIE R ANDERSEN , CHAIR	5 00	X		X				0	0	0
JOSEPH A JARZOSKI MD , DIRECTOR	4 00	X						0	15,000	0
SR LILLIAN MURPHY RSM , DIRECTOR	4 00	X						0	0	0
JOHN T REED , CHAIR	6 00	X		X				0	0	0
ANTHONY HATCHER DO , SECRETARY/TREASURER	4 00	X		X				0	422,189	31,508
JOHN HEWITT , VICE CHAIR	4 00	X		X				0	0	0
RANDAL KORTH , DIRECTOR	4 00	X						0	0	0
MARTIN MANCUSO MD , DIRECTOR	4 00	X						0	0	0
SUSAN PEACH RN , DIRECTOR	4 00	X						0	0	0
RICHARD VIERK , DIRECTOR	4 00	X						0	15,000	0
MICHAEL DEFREECE , DIRECTOR	4 00	X						0	0	0
PAUL EDGETT III , DIRECTOR	4 00	X						0	0	0
ERIC GURLEY , DIRECTOR	4 00	X						0	0	0
KEITH SCHMODE , DIRECTOR	4 00	X						0	0	0
WAYNE A SENSOR , CHIEF EXECUTIVE OFFICER	60 00			X				489,791	524,588	317,846
RICHARD HACHTEN II , PRESIDENT	60 00			X				375,360	402,029	303,644
THEODORE SCHWAB , SVP/CIO	60 00			X				373,177	399,689	85,008
FRED HOSLER MD , SVP/CMO	60 00			X				306,065	327,811	183,037
KENNETH LAWONN , SVP INFORMATION TECH	60 00			X				210,004	224,924	149,747
DUANE DAVID , SVP CLINICS	60 00			X				148,293	158,829	0
SCOTT WOOTEN , SVP/CFO	60 00			X				344,441	368,911	196,915
MARGARET BREEN , SVP-HUMAN RESOURCES	60 00			X				148,720	159,286	171,695
DAVID TEW , COO-BMMC	60 00			X				203,894	218,381	94,711
AMY PROTEXTER , SVP MARKETING & COMM OFF	60 00			X				127,320	136,366	142,132
Ann Jones , VP-ONCOLOGY SERVICES	60 00			X				130,988	140,294	64,303
MARTIN HICKEY MD , SVP/CEO CLINICS	60 00			X				104,264	111,672	1,524,961
MARIE KNEDLER , COO-MERCY HOSPITAL	60 00				X			163,937	175,583	190,321



Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUSSELL GRONEWOLD , VP-AMBULATORY/RETAIL DEV	60 00				X			113,509	121,573	358,761
JARROD JOHNSON , VP-ORTHOPEDIC SVC	60 00				X			120,477	129,036	337,390
SHEREE KEELY , VP-Behavioral Health Svc	60 00				X			74,096	79,361	276,897
MARK KESTNER MD , VP-CHIEF QUALITY OFFICER	60 00				X			159,119	170,424	137,554
Elizabeth LLEWELLYN , VP-Mission Integration	60 00				X			107,334	114,959	341,824
PATRICIA MASEK , VP-MEDICAL AFFAIRS	60 00				X			93,704	100,362	74,371
FRANK EMSICK , VP-CONSTRUCTION	60 00				X			107,605	115,251	327,538
JOHN MAY , VP-CARDIOVASCULAR SVC	60 00				X			130,160	139,406	375,665
JOAN NEUHAUS , VP-MATERNAL CHILD SVC	60 00				X			157,381	168,563	188,488
ENEH OKORUWA MD , PHYSICIAN	60 00					X		498,121	0	33,523
SRIRAMAMURTHY RAVIPATI , PHYSICIAN	60 00					X		539,767	0	40,203
Stephen Budd MD , PHYSICIAN	60 00					X		473,062	0	32,738
Craig Seamands MD , PHYSICIAN	60 00					X		308,961	0	30,762
NARENDRA REDDY MD , PHYSICIAN	60 00					X		446,547	0	32,431
DAVID GAMBINO ,	0 00						X	15,298	16,385	0
DWIGHT YOUNGMAN ,	0 00						X	13,662	14,632	0
MARK THOMAS ,	0 00						X	15,030	16,098	0
ROBERT AZAR , LEGAL OFFICER	0 00						X	30,801	32,989	0



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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT SERVICE RE	621,500	459,157,332	455,155,195	4,002,137	
b REIMBURSABLE AFFILIATE	900,099	16,055,124	16,055,124		
c PHARMACY	446,110	7,399,322		3,054,325	4,344,997
d FOOD SERVICE	722,320	1,710,361		127,104	1,583,257
e MEDICAL STAFF MEMBERSH	900,099	134,725	134,725		

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.



SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	Employer identification number  47-0484764
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$ 0
3	Volunteer hours	0

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$ 0
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	_____
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	\$	_____
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$	_____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
5	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV		

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



Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

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

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

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







## Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number  
47-0484764

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

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

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

Assets included in Form 990, Part X ▶ \$



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	3,872,086			
b	Contributions . . . . .	1,629,893			
c	Investment earnings or losses . . . . .	-450,863			
d	Grants or scholarships . . . . .	3,875			
e	Other expenditures for facilities and programs . . . . .	605,118			
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	4,442,123			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 37 000 %

c

Term endowment ▶ 63 000 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		3,341,409		3,341,409
b Buildings . . . . .		154,009,274	85,823,437	68,185,837
c Leasehold improvements . . . . .		1,363,951	692,025	671,926
d Equipment . . . . .		214,210,889	141,877,151	72,333,738
e Other . . . . .		106,776,380	7,413,263	99,363,117
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				243,896,027



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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN HOSPICE OF SWIA	250,000	C
INVESTMENT IN Avantas	3,271,779	C
Investment in Alegent Health	27,806,000	C
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )	31,327,779	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE UNDER DEFERRED COMP PLANS	831,852
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	831,852

**Schedule D (Form 990) 2008**



Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM
		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



SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No 1545-0047  
  
2008  
  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization  
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number  
47-0484764

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		▶				

3

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



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Candle Light Ball			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . . .	149,227			149,227
	2	Less Charitable contributions . . . . .	47,175			47,175
3	Gross revenue (line 1 minus line 2) . . . . .		102,052			102,052
Direct Expenses	4	Cash Prizes . . . . .				
	5	Non-cash Prizes . . . . .				
	6	Rent/Facility costs . . . . .				
	7	Other direct expenses . . . . .	18,176			18,176
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				18,176
	9	Net income summary Combine lines 3 and 8 in column (d). . . . . ▶				83,876

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue . . . . .					
Direct Expenses	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	
		7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
		8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .		9a	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers? . . . . .		11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .		12	



	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . . <b>13a</b>		
<b>b</b> An outside facility . . . . . <b>13b</b>		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number  
47-0484764

Part I

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

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

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



Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

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

Section B. Medicare

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

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

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



Part V

Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ALEGEN T HEALTH MERCY HOSPITAL 800 MERCY DRIVE COUNCIL BLUFFS,IA 51503	X	X					X		
Alegent Health LASTING HOPE RECOVERY CTR 415 S 25th Avenue OMAHA,NE 68131	X	X						X	
ALEGEN T HEALTH HOSPICE 7070 Spring Street OMAHA,NE 68106									Licensed Hospice
ALEGEN T HEALTH HOSPICE 703 Rosary Drive CORNING,IA 50041									LICENsed Hospice
ALEGEN T HEALTH AT HOME 7070 Spring Street OMAHA,NE 68106									HOME HEALTH AGENCY
AH BERGAN MERCY MEDICAL CENTER 7500 MERCY ROAD OMAHA,NE 68124	X	X					X		



Complete this part to provide the following information

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

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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

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

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

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

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

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



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

# 2008

**Open to Public Inspection**

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

Employer identification number

47-0484764

## Part I General Information on Grants and Assistance

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

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

[illegible]

- 2** Enter total number of section 501(c)(3) and government organizations . . . . . **1**
- 3** Enter total number of other organizations . . . . .



**Part III**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIP	29	11,900			
Mercy Fund Distributions	128	90,632			
CHARITY CARE	14138		31,666,946	BOOK	REDUCE OR WRITE OFF OF PATIENT SERVICES

**Part IV**

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS THE BERGAN MERCY AUXILIARY TEEN SCHOLARSHIP PROGRAM WAS SET UP IN 1986 BY BERGAN MERCY THE PURPOSE OF THE SCHOLARSHIP PROGRAM IS TO PROVIDE COLLEGE SCHOLARSHIPS TO TEEN VOLUNTEERS WHO HAVE VOLUNTEERED THEIR SERVICES AT BERGAN MERCY MEDICAL CENTER THIS IS STRICTLY A SERVICE SCHOLARSHIP AND EACH TEEN GETS ONE IN ORDER TO RECEIVE A SCHOLARSHIP IN THIS PROGRAM, THE APPLICANT MUST BE AN ACTIVE VOLUNTEER THROUGHOUT ALL THE YEARS THEY DO SERVICE, INCLUDING THEIR SENIOR YEAR IF A STUDENT IS TO DROP OUT OF THE PROGRAM OR IS TO BE DISMISSED, THEY ARE NOT ELIGIBLE FOR THE SCHOLARSHIP MERCY FUND DISTRIBUTIONS ARE ESTABLISHED FOR THE DISBURSEMENT OF ALEGENT HEALTH BERGAN MERCY AUXILIARY MERCY FUND MONIES FOR PATIENT ASSISTANCE THAT ARE COMPLIANT WITH ALEGENT HEALTH POLICIES AND PROCEDURES, INTERNAL REVENUE SERVICE (IRS) REGULATIONS AND OTHER APPLICABLE FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS
Other Information	Part IV	Alegent Health-BERGAN MERCY HEALTH SYSTEM 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 ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ONLY DISTRIBUTES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH THE SAME MISSION and PURPOSE AS THE ALEGENT HEALTH SYSTEM THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION



Schedule J  
(Form 990)

Department of the Treasury  
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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number  
47-0484764

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>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</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	Yes	
<div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No



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

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

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

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



## Part III Supplemental Information

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

[illegible]



Software ID:

Software Version:

EIN: 47-0484764

Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER DO	(i)							
	(ii)	322,246	35,302	64,641	18,150	13,358	453,697	
WAYNE A SENSOR	(i)	301,679	168,518	19,594	148,005	5,466	643,262	
	(ii)	323,112	180,490	20,986	158,521	5,854	688,963	
RICHARD HACHTEN II	(i)	210,605	107,824	56,931	141,894	4,720	521,974	
	(ii)	225,568	115,485	60,976	151,975	5,055	559,059	
THEODORE SCHWAB	(i)	87,241	82,610	203,326	32,510	8,536	414,223	70,607
	(ii)	93,439	88,479	217,771	34,819	9,143	443,651	75,623
FRED HOSLER MD	(i)	152,379	84,371	69,315	83,804	4,575	394,444	
	(ii)	163,205	90,366	74,240	89,758	4,900	422,469	
KENNETH LAWONN	(i)	123,051	65,534	21,419	66,763	5,542	282,309	
	(ii)	131,794	70,190	22,940	71,506	5,936	302,366	
DUANE DAVID	(i)		14,536	133,757			148,293	129,212
	(ii)	15,569	143,260				158,829	138,391
SCOTT WOOTEN	(i)	164,988	87,234	92,219	89,623	5,457	439,521	
	(ii)	176,709	93,431	98,771	95,991	5,844	470,746	
MARGARET BREEN	(i)	96,268	44,089	8,363	80,039	2,863	231,622	
	(ii)	103,107	47,221	8,958	85,726	3,067	248,079	
DAVID TEW	(i)	126,475	55,008	22,411	40,128	5,603	249,625	
	(ii)	135,461	58,917	24,003	42,979	6,001	267,361	
AMY PROTEXTER	(i)	82,992	27,767	16,561	62,395	6,233	195,948	
	(ii)	88,888	29,740	17,738	66,828	6,676	209,870	
Ann Jones	(i)	69,100	32,867	29,021	27,005	4,044	162,037	
	(ii)	74,010	35,202	31,082	28,923	4,331	173,548	
MARTIN HICKEY MD	(i)	61,868	14,485	27,911	735,744	580	840,588	
	(ii)	66,263	15,515	29,894	788,016	621	900,309	
MARIE KNEDLER	(i)	112,104	38,215	13,618	88,491	3,405	255,833	
	(ii)	120,068	40,930	14,585	94,778	3,647	274,008	
RUSSELL GRONEWOLD	(i)	79,644	29,811	4,054	167,620	5,607	286,736	
	(ii)	85,302	31,929	4,342	179,529	6,005	307,107	
JARROD JOHNSON	(i)	71,519	28,367	20,591	158,805	4,103	283,385	
	(ii)	76,600	30,382	22,054	170,088	4,394	303,518	
SHEREE KEELY	(i)	62,933	6,922	4,241	130,213	3,486	207,795	
	(ii)	67,404	7,414	4,543	139,464	3,734	222,559	
MARK KESTNER MD	(i)	100,051	42,587	16,481	59,682	6,735	225,536	
	(ii)	107,159	45,613	17,652	63,923	7,214	241,561	
Elizabeth LLEWELLYN	(i)	56,076	31,868	19,390	163,030	2,019	272,383	
	(ii)	60,060	34,132	20,767	174,612	2,163	291,734	
PATRICIA MASEK	(i)	53,318	22,498	17,888	32,349	3,561	129,614	
	(ii)	57,106	24,097	19,159	34,647	3,814	138,823	
FRANK EMSICK	(i)	74,393	25,968	7,244	158,151		265,756	
	(ii)	79,679	27,813	7,759	169,387		284,638	
JOHN MAY	(i)	67,334	32,606	30,220	178,893	2,496	311,549	
	(ii)	72,118	34,921	32,367	191,602	2,674	333,682	
JOAN NEUHAUS	(i)	106,211	34,996	16,174	91,011		248,392	
	(ii)	113,757	37,483	17,323	97,477		266,040	
ENEH OKORUWA MD	(i)	405,401	40,410	52,310	18,500	15,023	531,644	
	(ii)							
SRIRAMAMURTHY RAVIPATI MD	(i)	511,215		28,552	20,450	19,753	579,970	
	(ii)							
Stephen Budd MD	(i)	372,734	48,681	51,647	15,850	16,888	505,800	
	(ii)							
Craig Seamands MD	(i)	292,463		16,498	15,850	14,912	339,723	
	(ii)							
NARENDRA REDDY MD	(i)	401,738		44,809	15,850	16,581	478,978	
	(ii)							



Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ 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.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	Employer identification number 47-0484764
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MICHAEL DEFREECE-BOARD MEMBER	H-CARD,LLC - Officer	148,692	SUPPLIER PAYMENT NETWORK		No



SCHEDULE M  
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number  
47-0484764

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	1	1,000,000	Value of Stock
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a		No
b If "Yes", describe in Part II			
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			



[illegible]



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	Employer identification number 47-0484764
--	--

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Bergan Mercy Medical Center and Mercy Hospital, Council Bluffs provide additional services including but not limited to emergency department, inpatient hospital facilities, procedure center, orthopedic services, digestive health center, family life center, radiology, urology and physical therapy Patients are at the center of everything done at Bergan Mercy Medical Center and Mercy Hospital, Council Bluffs Expenses \$ 354860275 including grants of \$ 27825527 Revenue \$ 2179540

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Mark Franco, MD and Thomas Franco, MD - Family Relationship

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM IS CATHOLIC HEALTH INITIATIVES CATHOLIC HEALTH INITIATIVES DOES NOT HAVE ANY VOTINGS RIGHTS AS A MEMBER OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM INSTEAD CATHOLIC HEALTH INITIATIVES ELECTS 50% OF THE DIRECTORS OF ALEGENT HEALTH

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE BUSINESS AND AFFAIRS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ARE MANAGED BY OR UNDER THE DIRECTION OF THE ALEGENT BOARD OF DIRECTORS, AND ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM DELEGATES TO THE ALEGENT BOARD OF DIRECTORS, TO THE EXTENT PERMITTED BY LAW, COMPLETE GOVERNANCE AUTHORITY OVER IT, SUBJECT ONLY TO THE APPROVAL POWERS OF THE ALEGENT CORPORATE MEMBERS SET FORTH IN THE ARTICLES OF INCORPORATION AND BY LAWS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM DIRECTORS SHALL BE APPOINTED BY THE ALEGENT BOARD IMMEDIATELY FOLLOWING THE APPOINTMENT AND RATIFICATION BY ALEGENT CORPORATE MEMBERS OF THE ALEGENT DIRECTORS PURSUANT TO THE ARTICLES OF INCORPORATION AND BY LAWS OF ALEGENT THE ALEGENT BOARD SHALL APPOINT DIRECTORS SUCH THAT, AT ALL TIMES , ALL OF THE PERSONS SERVING AS ALEGENT DIRECTORS ALSO SHALL BE SERVING AS DIRECTORS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE FOLLOWING ACTIONS SHALL BE EFFECTIVE ONLY IF APPROVED BY THE ALEGENT BOARD AND BY BOTH IMMANUEL HEALTH SYSTEMS (IHS) AND CATHOLIC HEALTH INITIATIVES (CHI) IN THEIR CAPACITIES AS ALEGENT CORPORATE MEMBERS A ADOPTION OR AMENDMENT OF THE UNIFIED PHILOSOPHY AND MISSION OF THE CORPORATION, B SALE, LEASE, TRANSFER, ENCUMBRANCE OR DISPOSITION OF THE TANGIBLE PROPERTY OR INVESTMENTS OF THE CORPORATION HAVING A FAIR MARKET VALUE IN ANY INDIVIDUAL TRANSACTION IN EXCESS OF \$3 MILLION OR SUCH GREATER AMOUNT AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, PROVIDED THAT TRANSFERS OF INVESTMENTS BETWEEN THE CORPORATION AND ANOTHER PARTICIPANT SHALL NOT REQUIRE THE APPROVAL OF CHI AND IHS, AND PROVIDED FURTHER THAT APPROVAL OF CHI AND IHS SHALL NOT BE REQUIRED FOR ANY TRANSFER OF ASSETS TO CHI BY THE CORPORATION PURSUANT TO THE TERMS OF THE ALEGENT FINANCING AGREEMENT (AFA), C INCURRENCE, ASSUMPTION OR GUARANTY BY THE CORPORATION IN ANY INDIVIDUAL TRANSACTION OF LONG-TERM INDEBTEDNESS, INCLUDING CAPITAL LEASES, OUTSTANDING FOR MORE THAN 365 DAYS, IN EXCESS OF THE GREATER OF \$2 MILLION OR 2% OF THE TOTAL LONG-TERM INDEBTEDNESS OF ALL THE PARTICIPANTS, OR SUCH GREATER AMOUNT AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, D MERGER, DISSOLUTION, CONSOLIDATION OR SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION EXCEPT FOR A MERGER IN WHICH (I) THE CORPORATION IS THE SURVIVING ENTITY, AND (II) THE TOTAL BOOK VALUE OF THE ASSETS OF THE MERGING ENTITY DOES NOT EXCEED 2% OF THE TOTAL BOOK VALUE OF THE ASSETS OF ALL THE PARTICIPANTS, OR SUCH GREATER VALUE AS MAY BE DETERMINED FROM TIME TO TIME BY CHI AND IHS, AND E NOTWITHSTANDING ANY OTHER PROVISIONS IN THE BYLAWS TO THE CONTRARY THE ACTIONS THAT CAN BE TAKEN WITHOUT THE APPROVAL OF IHS AND CHI INCLUDE, WITHOUT LIMITATION (I) TERMINATION OF THE AFA IN ACCORDANCE WITH ITS TERMS (II) FORMATION OF THE UNIFIED ALEGENT HEALTH SYSTEM (AS THAT TERM IS DEFINED IN THE AFA) (III) PREPAYMENT BY THE CORPORATION OF THE FULL AMOUNTS OUTSTANDING ON ITS NOTES TO CHI UNDER THE AFA, FOR PURPOSES OF EXERCISING THE RIGHTS OF TERMINATION OF THE AFA, OR FORMATION OF THE UNIFIED ALEGENT HEALTH SYSTEM CREDIT, AND THE TAKING OF ALL ACTIONS NECESSARY OR APPROPRIATE TO OBTAIN FUNDING OR OTHERWISE MAKE ARRANGEMENTS TO PREPAY SUCH NOTES INCLUDING WITHOUT LIMITATION INCURRENCE OF INDEBTEDNESS NECESSARY OR APPROPRIATE TO PREPAY THE NOTES OUTSTANDING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Tax returns for entities of the Alegent Health system are prepared by THE SYSTEM tax department Following the preparation of ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM Form 990 by internal tax staff, the return is reviewed by the Tax Director, External Tax Advisor and the Chief Financial Officer The final tax return is posted on the electronic DIRECTOR'S portal to be reviewed and presented at the Finance and Audit Committee of the Board The Chief Financial Officer and Tax Director are present at the Finance and Audit Committee meeting to answer questions Additionally, the Board of Directors are notified that the final Form 990, including all required schedules is available on the electronic portal for review and will be filed on May 17, 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Written Conflict of Interest Policy - ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM has adopted the conflict of interest policy and conflict investigation process of Alegent Health, the parent corporation of the Alegent Health System 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 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The governing board engaged the services of an independent consulting firm that holds itself out to the public as a compensation consultant that is qualified to and regularly performs executive and officer compensation studies The consulting firm conducted a review and analysis of the total compensation paid to the CEO and other officers and key employees of the organization, based on comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations and determined that the compensation was reasonable The consulting firm issued an opinion letter as to the reasonableness of the total compensation paid to employees identified as disqualified persons The opinion letter setting forth the findings was reviewed and approved by the compensation committee of the governing board Contemporaneous documentation and recordkeeping with respect to deliberations and decisions regarding the compensation arrangements were maintained This process was used for the following positions President and Chief Executive Officer (2009) Executive Vice President (2009) Senior Vice President and Chief Financial Officer (2009) Chief Executive Officer Alegent Health Clinic (2009) Senior Vice President Chief Operations Officer (2009) Senior Vice President Chief Medical Officer (2009) Medical Directors (future role) (2009) Vice President Operations (Bergan Mercy) (2009) Vice President Operations (Mercy) (2009) Senior Vice President General Counsel (2009) Senior Vice President Chief Information Officer (2009) Senior Vice President Human Resources (2009) Senior Vice President Marketing (2009)

Identifier	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-BERGAN MERCY HEALTH SYSTEM does not make the financial statements or governing documents available to the public However, the ARTICLES OF INCORPORATION are available at www sos state ne us



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

Identifier	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-BERGAN MERCY HEALTH SYSTEM. However, through a common pay agent agreement, the employees are paid by Alegent Health and payroll expenses are allocated to ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM.

Identifier	Return Reference	Explanation
Form 990, Part V, Line 1a		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-BERGAN MERCY HEALTH SYSTEM. Alegent Health files the form 1099s and complies with the backup withholding rules for reportable payments to vendors and gaming winnings. However, per the instructions, those 1099S issued by Alegent Health on behalf of ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM are reported.

Identifier	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.

Identifier	Return Reference	Explanation
FORM 990, Part VI, Section B, Line 16		ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM has not formally adopted a written policy or written procedure regarding joint ventures. However, Alegent HEALTH'S system-wide joint venture model incorporates controls over the venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximization of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt ORGANIZATION'S exemption, (4) returns of capital, allocations and distributions must be made in proportion to the PARTNERS' respective ownership interests, and (5) all contracts entered into by the partnership with the exempt organization must be at ARM'S length, with prices set at fair market value.



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number  
47-0484764

Part I

Identification of Disregarded Entities

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

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					



Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
AVANTAS LLC  11128 JOHN GALT BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	N/A	RELATED	-1,704,753	3,999,644		No	-214,602	Yes	
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 Plaza STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	RELATED				No			No
Omaha Ambulatory Investment Company LLC  12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT HEALTH	RELATED				No			No
Alegent Health Northwest Imaging Center LLC  3606 N 156th Street Ste 104 OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT HEALTH	RELATED				No			No
Prairie Health Ventures LLC  421 South 9th Street Ste 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER	RELATED				No			No
Bergan Mercy Surgery Center LLC  7710 Mercy Road Ste 100 OMAHA, NE68124 20-8671994	AMBULATORY SURIGICAL CENTER	NE	Omaha Ambulatory Investment Company LLC	RELATED				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 WEST DODGE ROAD OMAHA, NE68164 47-0802396	MANAGED CARE SERVICES	NE	ALEGENT HEALTH	C			



Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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) AVANTAS LLC	D	1,550,000
(2) ALEGENT HEALTH MERCY HOSPITAL CORNING	P	114,527
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008



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

[illegible]



Software ID:

Software Version:

EIN: 47-0484764

Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

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-IMMANUEL MEDICAL CENTER  6901 N 72ND STREET OMAHA, NE68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH
ALEGENT HEALTH  12809 WEST DODGE ROAD OMAHA, NE68154 47-0757164	LICENSED HOSPITAL/ADIMINSTRATIVE 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  12809 WEST DODGE ROAD OMAHA, NE68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	ALEGENT HEALTH
Alegent Health-Mercy Hospital Corning IA  603 Rosary Drive CORNING, IA 50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	N/A
Mercy Health Care Foundation Corning IA  603 Rosary Drive CORNING, IA 50841 42-1461064	SUPPORT OF ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	Alegent Health-Mercy Hospital Corning IA
Alegent Health Memorial Hospital Schuyler NE  104 West 17th Street SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
Schuyler Memorial Hospital Foundation  104 West 17th Street SCHUYLER, NE68661 36-3630014	SUPPORT OF ALEGENT HEALTH-MEMORIAL HOSPITAL, SCHUYLER EXEMPT ACTIVITIES	NE	501(C)(3)	L11 I	Alegent Health Memorial Hospital Schuyler NE
Alegent Health Community Memorial Hospital of Missouri Valley IA  631 North 8th Street Missouri Valley, IA 51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
Community Memorial Hospital Medical Service Foundation Missouri Valley IA  631 North 8th Street Missouri Valley, IA 51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY,	IA	501(C)(3)	L11 I	Alegent Health Community Memorial Hospital of Missouri Valley IA
MERCY HOSPITAL FOUNDATION  800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	IA	501(C)(3)	L11 I	N/A



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)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
AVANTAS LLC  11128 JOHN GALT BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	N/A	RELATED	-1,704,753	3,999,644		No	-214,602	Yes	
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 Plaza STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	RELATED				No			No
Omaha Ambulatory Investment Company LLC  12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT HEALTH	RELATED				No			No
Alegent Health Northwest Imaging Center LLC  3606 N 156th Street Ste 104 OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT HEALTH	RELATED				No			No
Prairie Health Ventures LLC  421 South 9th Street Ste 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER	RELATED				No			No
Bergan Mercy Surgery Center LLC  7710 Mercy Road Ste 100 OMAHA, NE68124 20-8671994	AMBULATORY SURIGICAL CENTER	NE	Omaha Ambulatory Investment Company LLC	RELATED				No			No



Form **4562**

Department of the Treasury  
Internal Revenue Service

Depreciation and Amortization  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2008**

Attachment  
Sequence No **67**

Name(s) shown on return ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	Business or activity to which this form relates  Form 990 Page 10	Identifying number  47-0484764
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Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	29,798,680

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

Section A

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

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	29,798,680
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	



Part V

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

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