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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
Hegg Memorial Health Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite  
1202 21st Avenue

City or town, state or country, and ZIP + 4  
Rock Valley, IA 51247

**D Employer identification number**  
42-0932564

**E Telephone number**  
(712) 476-8000

**G** Gross receipts \$ 15,005,110

**F** Name and address of principal officer  
Glenn Zevenbergen  
1202 21st Avenue  
Rock Valley, IA 51247

**H(a)** Is this a group return for affiliates?

☐ Yes ☒ No

**H(b)** Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☒ 501(c) ( 3 ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ heggmemorialhealthcenter.org

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1967

**M** State of legal domicile IA

Part I

Summary

|                             |            |   |                                  |                     |
|-----------------------------|------------|---|----------------------------------|---------------------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities<br>Serving the community through provision of healthcare and health/safety education |                                  |                     |
|                             |            |   |                                  |                     |
|                             |            |   |                                  |                     |
|                             |            |   |                                  |                     |
|                             | <b>2</b>   | Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets               |                                  |                     |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) . . . . .   | <b>3</b>                         | 9                   |
|                             | <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>                         | 331                 |
| Revenue                     | <b>6</b>   | Total number of volunteers (estimate if necessary) . . . . .  | <b>6</b>                         | 55                  |
|                             | <b>7a</b>  | Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .  | <b>7a</b>                        | 204,193             |
|                             | <b>b</b>   | Net unrelated business taxable income from Form 990-T, line 34 . . . . .  | <b>7b</b>                        | -25,385             |
|                             |            |   | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>8</b>   | Contributions and grants (Part VIII, line 1h) . . . . .   | 266,795                          | 196,809             |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g) . . . . .  | 14,813,182                       | 14,534,947          |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .  | 36,329                           | 248,013             |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                  | 0                   |
| Expenses                    | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  | 15,116,306                       | 14,979,769          |
|                             | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .   |                                  | 9,976               |
|                             | <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)   | 7,682,653                        | 7,775,314           |
|                             | <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) ▶16,278   |                                  |                     |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .  | 5,963,140                        | 6,102,485           |
|                             | <b>18</b>  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  | 13,645,793                       | 13,887,775          |
| Net Assets or Fund Balances | <b>19</b>  | Revenue less expenses Subtract line 18 from line 12 . . . . .   | 1,470,513                        | 1,091,994           |
|                             |            |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                             | <b>20</b>  | Total assets (Part X, line 16) . . . . .  | 19,313,358                       | 19,821,485          |
|                             | <b>21</b>  | Total liabilities (Part X, line 26) . . . . .   | 6,320,704                        | 5,746,821           |
|                             | <b>22</b>  | Net assets or fund balances Subtract line 21 from line 20 . . . . .   | 12,992,654                       | 14,074,664          |

Part II

Signature Block

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

**Sign Here**

Signature of officer

Glenn Zevenbergen CEO

Type or print name and title

\*\*\*\*\*

2011-02-24

Date

**Paid Preparer's Use Only**

Preparer's signature ▶ Laurie Hanson

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP  
200 EAST 10TH ST PO BOX 5125  
SIOUX FALLS, SD 571175125

Check if self-employed ▶ ☐

Preparer's identifying number (see instructions)

EIN ▶

Phone no ▶ (605) 339-1999

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

**1** Briefly describe the organization's mission

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

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










**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ | 11,906,486 | including grants of \$ | (Revenue \$ | 14,510,786 ) |
|----|--|--------------|------------|------------------------|-------------|--------------|
|    | <p>Hegg Memorial Health Center's (HMHG) purpose is to provide acute inpatient and outpatient services as well as residential nursing home services. The amount of care provided was 640 acute inpatient days of care, 73 births, 21,638 nursing home days of care, 32,412 outpatient visits which include 8,334 home health visits, and 17,853 clinic visits. HMHG received the Summit Award from Press Ganey for achieving a patient satisfaction score of greater than the 90th percentile for 3 consecutive years in the Emergency Department. The Whispering Heights Nursing Home has added a golf cart and trailer to provide rides for the residents. The trailer has added much excitement and life to the lives of the residents. Residents enjoyed rides in the spring time, feeling the fresh air on their faces and watching the planting of crops and the budding flowers and trees. In the summer, residents enjoyed riding through the trails and observing the colors of flowers and trees and watching the river go up and down due to all the rain. Residents made friends with three little goats who would run to the fence when they saw the cart and trailer coming down the road to bring them treats. The cart also took residents to the campground for picnics this year with the trailer. Residents enjoyed many sights and sounds while riding in the trailer and will miss it over the winter months. The residents used the trailer until late October to get out and enjoy the fresh air. The goal of the Community Education Department of HMHG is to offer a resource for medical issues as well as wellness promotion. The Community Education Department offers many opportunities for the community to grow in their knowledge of medical concerns and wellness matters. The Community Education Department covers all ages of the community. Physicians and nurses presented educational opportunities for the 5th graders (both boys and girls) in Rock Valley and surrounding areas. Babysitting classes were offered in May to 60 youth of the community. The Community Education Department also provides a program called HANK (Healthy Active Nutritious Kids) that served over 900 kids in grades K-5 in Rock Valley and the surrounding areas. The program focused on nutrition, exercise, and parent involvement in their overall health. Project Truth is an annual program for 6th-8th graders that focuses on topics that can negatively affect the youth of the community such as alcohol abuse, drug abuse, and sexual purity issues. Students were also educated on ways to either abstain or quit smoking. Lunch-N-Learns that focused on health and wellness topics were offered to adults in the community. Programs for diabetics and wellness screens to check for health issues are offered at a low cost to the community. Many other events touch on teaching the basics of certain health-related issues that the community may have to learn more about the health issue and how to deal or correct them. HMHG also promotes health in the community by holding many events in the community for anyone to participate in. Whether it is by staying physically active and being involved in our exercise programs/events such as our 5k/10k Run/Walk or in programs held for the obese and/or those with health issues. In November a Women's Night out was offered to 250 women to encourage humor in yourself and in life. A community breakfast was offered to all area employers and managers to learn more about Stress Management; approximately 200 area individuals attended and enjoyed this morning meeting. A celebration for breast cancer survivors was held to celebrate their achievement in overcoming this disease. A supper was served and a breast health physician was available to answer any medical questions. A Depression and Anxiety evening event included a licensed counselor giving tips on combating depression and anxiety. Over 50 people participated in the event. Various employees are involved in the promotion of the American Cancer Society Relay for Life, the American Heart Association Heart Walk, Alzheimer's Association walk, Memory Loss Support Group, and free Prenatal Classes. CPR and First Aid Classes are offered to health care workers, daycare providers, foster/adoptive parents, and the general public at a reduced cost. Various organizations request speakers from the Hegg Community Education Department. The speakers are provided at no cost utilizing the professional knowledge of our Health Center. The Community Education Department strives to continue offering a wide array of services at a free or reduced rate. The goal of the department is to further the mission of the Health Center through caring for others, body, mind, and soul.</p> |              |            |                        |             |              |

[illegible][illegible]

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |     | No |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | No |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  | 11  | Yes |    |
|     | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  |     |     |    |
|     | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  |     |     |    |
|     | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  |     |     |    |
|     | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   |     |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  |     |     |    |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.   |     |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII    | 12  | Yes |    |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?   | Yes | No  |    |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | 12A |     | No |
| 13  | Is the organization a school 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 United States?   | 14a |     | No |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H    | 20  | Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     | No |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     | No |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     | No |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  | Yes |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | 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> . . . . .   | 34  |     | No |
| 35  | 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> . . . . .   | 35  |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

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 . . . . .   | 1a10  | 1cYes |    |
|   | b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable |       |    |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .  |  |   |       |    |
| 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 . . . . .  | 2a331   | 2bYes |    |
|   | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) |   |       |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   |  |   | 3aYes |    |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .  |  |   | 3bYes |    |
| 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:<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  |  |   |       |    |
| 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .   |  |   | 5c    |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 Organizations that may receive deductible contributions under section 170(c).   |  |   |       |    |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   |  |   | 7a    | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   |  |   | 7b    |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |  |   | 7c    | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   |  |   | 7d    |    |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   |  |   | 7e    |    |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .  |  |   | 7f    |    |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .  |  |   | 7g    |    |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .   |  |   | 7h    |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |  |   | 8     |    |
| 9 Sponsoring organizations maintaining donor advised funds.   |  |   |       |    |
| 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 Section 501(c)(7) organizations. 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 Section 501(c)(12) organizations. 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |  |   | 12a   |    |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  |   | 12b   |    |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

|    |   |    |     |    |
|----|---|----|-----|----|
|    |   |    | Yes | No |
| 1a | Enter the number of voting members of the governing body . . . . .  | 1a | 9   |    |
| b  | Enter the number of voting members that are independent . . . . .   | 1b | 8   |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2  |     | No |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3  | Yes |    |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   | 4  |     | No |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   | 5  |     | No |
| 6  | Does the organization have members or stockholders? . . . . .   | 6  | Yes |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   | 7a | Yes |    |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | 7b | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |    |     |    |
| a  | The governing body? . . . . .   | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .   | 8b |     | No |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9  |     | No |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  |     |     |    |
|-----|--|-----|-----|----|
|     |  |     | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .  | 10a |     | No |
| b   | 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? . . . . .   | 10b |     |    |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11  | Yes |    |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .  |     |     |    |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .   | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy? . . . . .   | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy? . . . . .  | 14  | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |    |
| a   | The organization's CEO, Executive Director, or top management official . . . . .   | 15a | Yes |    |
| b   | Other officers or key employees of the organization . . . . .  | 15b | Yes |    |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions )  |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | 16a |     | No |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b |     |    |

Section C. Disclosure

|    |  |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶IA  |
| 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.<br><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 ▶<br>Kari Timmer CFO<br>1202 21st Ave<br>Rock Valley, IA 51247<br>(712) 476-8012  |

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Brad VanHeuvelen<br>President               | 10                            | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| Jim Boogerd<br>VP (thru 11/09)              | 10                            | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| Kathy Kooima<br>VP (11/09 thru 6/10)        | 10                            | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| Larry Jensen<br>Secretary                   | 10                            | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| Scott VanKekerix<br>Member                  | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Howard VanGinkel<br>Member                  | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Del Knobloch<br>Member (thru 11/09)         | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Jerry Schlotfeldt<br>Member                 | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Brian VandeHoef<br>Member                   | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Nancy Dorhout<br>Member (11/09 thru 6/10)   | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Korne VanMaanen<br>Member (11/09 thru 6/10) | 10                            | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| Glenn Zevenbergen<br>CEO/Administrator      | 40 00                         |  |                       | X       |              |                              |        | 169,261  | 0   | 17,407  |
| Kari Timmer<br>CFO                          | 40 00                         |  |                       | X       |              |                              |        | 57,327   | 0   | 7,736   |
| Roy Slice MD<br>Family Physician            | 40 00                         |  |                       |         |              | X                            |        | 140,332  | 0   | 12,757  |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |



|           |                        |         |   |        |
|-----------|------------------------|---------|---|--------|
| <b>1b</b> | <b>Total</b> . . . . . | 366,920 | 0 | 37,900 |
|-----------|------------------------|---------|---|--------|

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**2

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services          | (C)<br>Compensation |
|--|---|---------------------|
| Avera McKennan Hospital<br>800 East 21st Street<br>Sioux Falls, SD 57101 | Management, Physicians, Radiology & Lab | 2,281,346           |
| Avera Health Plans<br>PO Box 826<br>Sioux Falls, SD 571010826            | Health Insurance                        | 610,400             |
| Cardinal Health Pharmaceuticals<br>2901 Enloe Street<br>Hudson, WI 54016 | Drugs & Pharmacy Supplies               | 396,319             |
| McGill & McGill Trust<br>1403 Main Street<br>Rock Valley, IA 51247       | Legal Fees/Condo Buy-backs              | 248,850             |
| US Food Service<br>6315 John J Pershing Drive<br>Omaha, NE 681190040     | Food & Dietary Supplies                 | 147,229             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**10

Part VIII

Statement of Revenue

|   |   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |         |
|---|---|---|--|----------------------|--|---|---|---------|
| Contributions, gifts, grants<br>and other similar amounts | 1a  | Federated campaigns . . .   | 1a   |                      |  |   |   |         |
|   | b   | Membership dues . . . . .   | 1b   |                      |  |   |   |         |
|   | c   | Fundraising events . . . . .  | 1c   |                      |  |   |   |         |
|   | d   | Related organizations . . . .   | 1d   |                      |  |   |   |         |
|   | e   | Government grants (contributions)   | 1e   |                      |  |   |   |         |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f   | 196,809              |  |   |   |         |
|   | g   | Noncash contributions included in<br>lines 1a-1f \$ _____   |  |                      |  |   |   |         |
|   | h   | Total. Add lines 1a-1f . . . . .  |  | 196,809              |  |   |   |         |
| Program Service Revenue                                   |   |   | Business Code                                      |                      |  |   |   |         |
|   | 2a  | Patient Service Rev   | 622,110  | 13,706,498           | 13,706,498   |   |   |         |
|   | b   | Clinic/Other Services   | 621,111  | 606,352              | 558,014  |   | 48,338  |         |
|   | c   | Daycare   | 624,410  | 204,193              |  | 204,193                                 |   |         |
|   | d   | Int Avera Hlth Fdtn   | 900,099  | 60,246               |  |   | 60,246  |         |
|   | e   | Joint Venture Income  | 900,099  | -42,342              |  |   | -42,342   |         |
|   | f   | All other program service revenue   |  |                      |  |   |   |         |
|   | g   | Total. Add lines 2a-2f . . . . .  |  | 14,534,947           |  |   |   |         |
| Other Revenue   | 3   | Investment income (including dividends, interest<br>and other similar amounts) . . . . .  |  | 12,312               |  |   | 12,312  |         |
|   | 4   | Income from investment of tax-exempt bond proceeds . . .  |  |                      |  |   |   |         |
|   | 5   | Royalties . . . . .   |  |                      |  |   |   |         |
|   | 6a  | Gross Rents   | (i) Real   | (ii) Personal        |  |   |   |         |
|   |   | b   | Less rental<br>expenses                            |                      |  |   |   |         |
|   |   | c   | Rental income<br>or (loss)                         |                      |  |   |   |         |
|   |   | d   | Net rental income or (loss) . . . . .              |                      |  |   |   |         |
|   | 7a  | Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities                                     | (ii) O ther          |  |   |   |         |
|   |   | b   | Less cost or<br>other basis and<br>sales expenses  |                      |  |   |   |         |
|   |   | c   | Gain or (loss)                                     |                      |  |   |   |         |
|   |   | d   | Net gain or (loss) . . . . .                       |                      | 235,701  | 246,274                                 |   | -10,573 |
|   | 8a  | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |  |                      |  |   |   |         |
|   |   | b   | Less direct expenses . . . . .                     |                      |  |   |   |         |
|   |   | c   | Net income or (loss) from fundraising events . . . |                      |  |   |   |         |
|   | 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .   |  |                      |  |   |   |         |
|   |   | b   | Less direct expenses . . . . .                     |                      |  |   |   |         |
|   |   | c   | Net income or (loss) from gaming activities . . .  |                      |  |   |   |         |
|   | 10a                                       | Gross sales of inventory, less<br>returns and allowances . . . . .  |  |                      |  |   |   |         |
|   |   | b   | Less cost of goods sold . . . . .                  |                      |  |   |   |         |
|   |   | c   | Net income or (loss) from sales of inventory . . . |                      |  |   |   |         |
| Miscellaneous Revenue                                     |   | Business Code   |  |                      |  |   |   |         |
| 11a   |   |   |  |                      |  |   |   |         |
| b   |   |   |  |                      |  |   |   |         |
| c   |   |   |  |                      |  |   |   |         |
| d   | All other revenue . . . . .               |   |  |                      |  |   |   |         |
| e   | Total. Add lines 11a-11d . . . . .        |   |  |                      |  |   |   |         |
| 12  | Total revenue. See Instructions . . . . . |   |  | 14,979,769           | 14,510,786   | 204,193                                 | 67,981  |         |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 9,931                 | 9,931                           |  |                             |
| 2  | Grants and other assistance to individuals in the U S See Part IV, line 22  | 45                    | 45                              |  |                             |
| 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 . . . . .  | 233,920               | 21,053                          | 210,529                                | 2,338                       |
| 6  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| 7  | Other salaries and wages  | 6,530,802             | 6,021,282                       | 509,520                                |                             |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 111,765               | 103,283                         | 8,482                                  |                             |
| 9  | Other employee benefits . . . . .   | 423,066               | 390,043                         | 33,023                                 |                             |
| 10   | Payroll taxes . . . . .   | 475,761               | 423,284                         | 52,334                                 | 143                         |
| 11   | Fees for services (non-employees)   |                       |                                 |  |                             |
| a  | Management . . . . .  | 431,119               |                                 | 431,119                                |                             |
| b  | Legal . . . . .   | 16,641                |                                 | 16,641                                 |                             |
| c  | Accounting . . . . .  | 38,350                |                                 | 38,350                                 |                             |
| d  | Lobbying . . . . .  |                       |                                 |  |                             |
| e  | Professional fundraising See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f  | Investment management fees . . . . .  |                       |                                 |  |                             |
| g  | Other . . . . .   | 1,526,811             | 1,481,745                       | 45,066                                 |                             |
| 12   | Advertising and promotion . . . . .   | 121,177               | 11,068                          | 110,109                                |                             |
| 13   | Office expenses . . . . .   | 146,752               | 96,422                          | 50,330                                 |                             |
| 14   | Information technology . . . . .  | 127,855               |                                 | 127,855                                |                             |
| 15   | Royalties . . . . .   |                       |                                 |  |                             |
| 16   | Occupancy . . . . .   | 216,544               | 212,524                         | 4,020                                  |                             |
| 17   | Travel . . . . .  | 76,793                | 61,823                          | 14,970                                 |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .  | 70,845                | 51,692                          | 19,153                                 |                             |
| 20   | Interest . . . . .  | 173,246               | 173,246                         |  |                             |
| 21   | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .   | 935,614               | 935,614                         |  |                             |
| 23   | Insurance . . . . .   | 222,746               | 43,733                          | 179,013                                |                             |
| 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  | Supplies  | 1,460,540             | 1,430,223                       | 30,317                                 |                             |
| b  | Equipment Rental and Re   | 232,427               | 205,290                         | 27,137                                 |                             |
| c  | Bad Debt Expense  | 124,655               | 124,655                         |  |                             |
| d  | Dues and Subscriptions  | 88,330                | 55,756                          | 32,574                                 |                             |
| e  | Auxiliary Expense   | 13,797                |                                 |  | 13,797                      |
| f  | All other expenses  | 78,243                | 53,774                          | 24,469                                 |                             |
| 25   | Total functional expenses. Add lines 1 through 24f  | 13,887,775            | 11,906,486                      | 1,965,011                              | 16,278                      |
| 26   | Joint costs. Check here <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)               |            | (B)         |
|-----------------------------|---|---|-----|------------|-------------------|------------|-------------|
|                             |   |   |     |            | Beginning of year |            | End of year |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   |     |            |                   | 1          |             |
|                             | 2   | Savings and temporary cash investments . . . . .  |     |            | 2,172,795         | 2          | 2,952,978   |
|                             | 3   | Pledges and grants receivable, net . . . . .  |     |            | 527,622           | 3          | 383,315     |
|                             | 4   | Accounts receivable, net . . . . .  |     |            | 1,331,599         | 4          | 1,420,326   |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                  |     |            |                   | 5          |             |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .     |     |            |                   | 6          |             |
|                             | 7   | Notes and loans receivable, net . . . . .   |     |            |                   | 7          |             |
|                             | 8   | Inventories for sale or use . . . . .   |     |            | 260,684           | 8          | 263,002     |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |     |            | 125,350           | 9          | 121,982     |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a | 20,998,809 |                   |            |             |
|                             | b   | Less accumulated depreciation . . . . .   | 10b | 7,867,037  | 13,442,381        | 10c        | 13,131,772  |
|                             | 11  | Investments—publicly traded securities . . . . .  |     |            |                   | 11         |             |
|                             | 12  | Investments—other securities See Part IV, line 11 . . . . .   |     |            | 949,206           | 12         | 1,199,084   |
|                             | 13  | Investments—program-related See Part IV, line 11 . . . . .  |     |            | 11,466            | 13         | 7,827       |
|                             | 14  | Intangible assets . . . . .   |     |            |                   | 14         |             |
|                             | 15  | Other assets See Part IV, line 11 . . . . .   |     |            | 492,255           | 15         | 341,199     |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .   |   |     | 19,313,358 | 16                | 19,821,485 |             |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   |     |            | 2,288,592         | 17         | 1,927,267   |
|                             | 18  | Grants payable . . . . .  |     |            |                   | 18         |             |
|                             | 19  | Deferred revenue . . . . .  |     |            |                   | 19         |             |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |     |            | 2,457,803         | 20         | 2,262,911   |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |     |            | 1,772             | 21         | 1,721       |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . |     |            |                   | 22         | 1,168,656   |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .  |     |            |                   | 23         |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .  |     |            | 1,200,000         | 24         |             |
|                             | 25  | Other liabilities Complete Part X of Schedule D . . . . .   |     |            | 372,537           | 25         | 386,266     |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .  |     |            | 6,320,704         | 26         | 5,746,821   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |     |            |                   |            |             |
|                             | 27  | Unrestricted net assets . . . . .   |     |            | 12,508,095        | 27         | 13,587,625  |
|                             | 28  | Temporarily restricted net assets . . . . .   |     |            |                   | 28         | 2,480       |
|                             | 29  | Permanently restricted net assets . . . . .   |     |            | 484,559           | 29         | 484,559     |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |     |            |                   |            |             |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .  |     |            |                   | 30         |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |     |            |                   | 31         |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |     |            |                   | 32         |             |
|                             | 33  | Total net assets or fund balances . . . . .   |     |            | 12,992,654        | 33         | 14,074,664  |
|                             | 34  | Total liabilities and net assets/fund balances . . . . .  |     |            | 19,313,358        | 34         | 19,821,485  |

**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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .   |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .   | Yes |    |
| <b>c</b> If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                     |     |    |
| <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? . . . . .  |     | No |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .   |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

|   |  |
|---|--|
| Name of the organization<br>Hegg Memorial Health Center | Employer identification number<br>42-0932564 |
|---|--|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

☐

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

☐

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

☐

Provide the following information about the supported organization(s)

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

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>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.)

| Section A. Public Support   |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4   |          |          |          |          |          |           |

| Section B. Total Support  |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets   |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions )  |          |          |          |          | 12       |           |
| 13 First 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 |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage  |  |    |  |  |  |  |
|--|--|----|--|--|--|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))  |  | 14 |  |  |  |  |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14   |  | 15 |  |  |  |  |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |  |    |  |  |  |  |
| b 33 1/3% support test—2008. 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 stop here. The organization qualifies as a publicly supported organization  |  |    |  |  |  |  |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |  |    |  |  |  |  |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |  |    |  |  |  |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions  |  |    |  |  |  |  |

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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 through 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 \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| cAdd lines 7a and 7b  |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6 )   |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 June 30, 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 |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|  |    |  |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16Public support percentage from 2008 Schedule A, Part III, line 15                    | 16 |  |

Section D. Computation of Investment Income Percentage

|   |    |  |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))   | 17 |  |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17  | 18 |  |
| 19a33 1/3% support tests—2009. 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         |    |  |
| b33 1/3% support tests—2008. 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 |    |  |
| 20Private 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Hegg Memorial Health Center

Employer identification number  
42-0932564

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 for any other purpose conferring 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 a 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 |
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 2d |                             |

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

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

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 the arrangement in Part XIV and complete the following table

|    |        |
|----|--------|
|    | Amount |
| 1c | 1,772  |
| 1d | 1,941  |
| 1e | 1,992  |
| 1f | 1,721  |

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

| Description of investment  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      | 608,278                        |                              | 608,278        |
| b Buildings . . . . .  |                                      | 15,026,474                     | 4,042,317                    | 10,984,157     |
| c Leasehold improvements . . . . .   |                                      |                                |                              |                |
| d Equipment . . . . .  |                                      | 4,667,090                      | 3,456,557                    | 1,210,533      |
| e Other . . . . .  |                                      | 696,967                        | 368,163                      | 328,804        |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 13,131,772     |



| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements |   |             |
|---|---|-------------|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 114,979,769 |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                         | 213,887,775 |
| 3   | Excess or (deficit) for the year Subtract line 2 from line 1                    | 31,091,994  |
| 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)  | 8-9,984     |
| 9   | Total adjustments (net) Add lines 4 - 8   | 9-9,984     |
| 10  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 101,082,010 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return |  |             |
|--|--|-------------|
| 1  | Total revenue, gains, and other support per audited financial statements . . . . .         | 114,955,988 |
| 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 . . . . .  | 2e0         |
| 3  | Subtract line 2e from line 1 . . . . .   | 314,955,988 |
| 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) . . . . .4b23,781   |             |
| c  | Add lines 4a and 4b . . . . .  | 4c23,781    |
| 5  | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 514,979,769 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return |   |             |
|---|---|-------------|
| 1   | Total expenses and losses per audited financial statements . . . . .                        | 113,873,978 |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |             |
| a   | Donated services and use of facilities . . . . .2a  |             |
| b   | Prior year adjustments . . . . .2b  |             |
| c   | Other losses . . . . .2c  |             |
| d   | Other (Describe in Part XIV) . . . . .2d  |             |
| e   | Add lines 2a through 2d . . . . .   | 2e0         |
| 3   | Subtract line 2e from line 1 . . . . .  | 313,873,978 |
| 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) . . . . .4b13,797  |             |
| c   | Add lines 4a and 4b . . . . .   | 4c13,797    |
| 5   | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 513,887,775 |

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                             | Return Reference                                    | Explanation  |
|--|---|--|
| Part IV, Line 2b                       |   | Residents or Resident's family members deposit money into an account that HMHC manages. The residents can use the deposited funds for small personal expenses that arise such as salon visits, personal items, and etc.  |
| Part X                                 | Description of Uncertain Tax Positions Under FIN 48 | The Center has adopted the provisions of FASB Accounting Standards Codification Topic ASC 740-10 (previously Financial Interpretation No. 48, Accounting for Uncertainty in Income Taxes), on January 1, 2009. The implementation of this standard had no impact on the financial statements. As of both the date of adoption, and as of December 31, 2009, the unrecognized tax benefit accrual was zero. The Center will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred. The Organization is no longer subject to Federal tax examinations by tax authorities for years before 2007. |
| Part XI, Line 8 - Other Adjustments    |   | Auxiliary Net Income -9984   |
| Part XII, Line 4b - Other Adjustments  |   | Auxiliary Income 23781   |
| Part XIII, Line 4b - Other Adjustments |   | Auxiliary Expense 13797  |

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Hegg Memorial Health Center

Employer identification number  
42-0932564

Part I

Charity Care and Certain Other Community Benefits at Cost

|    |   |     |     |    |
|----|---|-----|-----|----|
|    |   | Yes | No  |    |
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a . . . . .  | 1a  | Yes |    |
| b  | If "Yes," is it a written policy? . . . . .   | 1b  | Yes |    |
| 2  | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospitals<br><input type="checkbox"/> Generally tailored to individual hospitals<br><input type="checkbox"/> Applied uniformly to most hospitals   |     |     |    |
| 3  | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients<br><br>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<br><br><input checked="" type="checkbox"/> 100%<br><input type="checkbox"/> 150%<br><input type="checkbox"/> 200%<br><input type="checkbox"/> Other _____<br><br>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 . . . . .<br><br><input checked="" type="checkbox"/> Other<br>10000 0000000000<br><br><input type="checkbox"/> 200%<br><input type="checkbox"/> 250%<br><input type="checkbox"/> 300%<br><input type="checkbox"/> 350%<br><input type="checkbox"/> 400%<br>_____ % | 3a  | Yes |    |
|    |   | 3b  | Yes |    |
|    |   |     |     |    |
| 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"? . . . . .   | 4   | Yes |    |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .  | 5a  | Yes |    |
| b  | If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .  | 5b  |     | No |
| 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  |     | No |
| 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 Government 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 Worksheets 1 and 2) . . .  |   | 119                           | 80,985                              | 0                             | 80,985                            | 0 590 %                      |
| b Unreimbursed Medicaid (from Worksheet 3, column a) . .  |   |                               | 2,425,526                           | 1,923,940                     | 501,586                           | 3 640 %                      |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .    |   | 113                           | 53,415                              | 34,470                        | 18,945                            | 0 140 %                      |
| d Total Charity Care and Means-Tested Government Programs . . . . .                                   |   | 232                           | 2,559,926                           | 1,958,410                     | 601,516                           | 4 370 %                      |
| Other Benefits  |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |   | 2,230                         | 29,334                              | 6,060                         | 23,274                            | 0 170 %                      |
| f Health professions education (from Worksheet 5) . . .   |   | 3                             | 400                                 | 0                             | 400                               | 0 %                          |
| g Subsidized health services (from Worksheet 6) . . .   | 1   |                               | 1,300,308                           | 865,972                       | 434,336                           | 3 160 %                      |
| h Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions to community groups (from Worksheet 8) . . .                         |   |                               | 4,327                               | 0                             | 4,327                             | 0 030 %                      |
| j Total Other Benefits . . . .  | 1   | 2,233                         | 1,334,369                           | 872,032                       | 462,337                           | 3 360 %                      |
| k Total. Add lines 7d and 7j . . .  | 1   | 2,465                         | 3,894,295                           | 2,830,442                     | 1,063,853                         | 0                            |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

|  | (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                                      |   |                               | 2,932                                |                               | 2,932                              | 0.020 %                      |
| 3Community support   |   |                               |                                      |                               |                                    |                              |
| 4Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |   |                               | 83                                   |                               | 83                                 | 0 %                          |
| 6Coalition building  |   |                               | 372                                  |                               | 372                                | 0 %                          |
| 7Community health improvement advocacy                     |   | 22                            | 293                                  |                               | 293                                | 0 %                          |
| 8Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| 9Other   |   |                               |                                      |                               |                                    |                              |
| 10Total  |   | 22                            | 3,680                                |                               | 3,680                              | 0.020 %                      |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

|                                 |   |     |           |
|---------------------------------|---|-----|-----------|
|                                 |   | Yes | No        |
| 1                               | Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  | 1   | No        |
| 2                               | Enter the amount of the organization's bad debt expense (at cost)   | 2   | 99,849    |
| 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   | 25,000    |
| 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, and 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   | 3,090,974 |
| 6                               | Enter Medicare allowable costs of care relating to payments on line 5   | 6   | 3,032,914 |
| 7                               | Subtract line 6 from line 5. This is the surplus or (shortfall)   | 7   | 58,060    |
| 8                               | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other |     |           |
| Section C. Collection Practices |   |     |           |
| 9a                              | Does the organization have a written debt collection policy?  | 9a  | Yes       |
| 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  | No        |

Part IVManagement Companies and Joint Ventures

| (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

| 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) |
|------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|
|                  |                   |                            |                     |                   |                          |                   |             |          |                  |

|  |   |   |  |  |   |  |   |  |                         |
|--|---|---|--|--|---|--|---|--|-------------------------|
| Hegg Memorial Health Center<br>1202 21st Avenue<br>Rock Valley, IA 51247 | X | X |  |  | X |  | X |  |                         |
| Hegg Medical Clinic Avera<br>2121 Hegg Drive<br>Rock Valley, IA 51247    |   |   |  |  |   |  |   |  | Provider Based Clinic   |
| Whispering Heights<br>2116 14th Street<br>Rock Valley, IA 51247          |   |   |  |  |   |  |   |  | Long Term Care Facility |



Part VI

Supplemental Information

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c Hegg Memorial Health Center (HMHC) utilizes the FPG as a starting point to determine if the patients meet or qualify for charity care If the patient's income is above the FPG, they are issued points depending on how much they are over the FPG Patients are also issued points for dollar value of major assets Points are then deducted based on the dollar amount of medical bills a patient owes From there, the total points are calculated and used to determine the percentage of financial assistance that gets deducted from the patient's medical bill within our health center If a patient falls below the FPG, it generates a 100% write-off under the charity care policy

Part I, Line 7f Bad debt expense of \$124,655 was subtracted from total operating expense

Part I, Line 7 Lines 7a, 7b and 7c were determined using the ratio of patient care costs to charges calculated by HMHC's general ledger accounting system Lines 7e, 7f and 7i were obtained utilizing the actual general ledger system Line 7g was obtained from the Medicare cost report

Part III, Line 4 A) The cost to charge ratio was calculated by HMHC's general ledger accounting system B) Bad debt write-offs are recorded using gross charges If an account is written off to bad debts, payments received after the write off for that account are posted to the Allowance for Bad Debt Account No discounts are applied to the bad debt allowance or expense as the accounts are not eligible for discounts once they reach the point of being deemed uncollectible The Allowance for Bad Debt is calculated using an estimated uncollectible percentage on Accounts Receivable The difference between the estimate and the amount recorded to the Allowance for Bad Debt is recorded to Bad Debt Expense C) All accounts are considered at charge value as opposed to cost value HMHC estimates that approximately 25% of bad debt expense at cost could reasonably be attributable to patients who likely would qualify for financial assistance under the hospital's financial assistance policy if sufficient information had been available to the facility to make a determination of their eligibility D) Footnote From Financial Statement The carrying amount of patient and resident receivables is reduced by a valuation allowance that reflects management's best estimate of amounts that will not be collected from patients, residents and third-party payors Management reviews patient and resident receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients and residents due to bad debts Management considers historical write off and recovery information in determining the estimated bad debt provision Management also reviews accounts to determine if classification as charity care is appropriate

Part III, Line 8 Medicare allowable cost of care was calculated from the Medicare cost report for fiscal year ending 6/30/2010

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

Part VI, Line 2 The majority of HMHC's community benefit stems from our Community Education Department The manager of that department also oversees Clinic nursing, Employee Health for our organization, and Occupational Health By being involved and hearing patients' needs from the clinic, employee needs through Employee Health, and business needs through Occupational Health, the manager has a great understanding of what is needed in the community The Community Benefit team also conducts surveys at community events to get a better understanding of the needs and wants of the community

**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

Part VI, Line 3 HMHC contacts the patient regarding payment concerns (unless the organization is contacted by the patient prior to) regarding being able to make required payments Payment options, financial assistance and governmental benefits are discussed with the patient by phone, mail, or in person A financial assistance policy and application forms are mailed out (upon request), picked up by the patient, or available online HMHC discusses the availability of various government benefits, such as Medicaid or state programs with the patient, and assists the patient with qualification for such programs, where applicable

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

Part VI, Line 4 Rock Valley is a rural community located in Sioux County, Iowa Agriculture and manufacturing are popular in this community In 2005, Rock Valley recorded a population of 2,816 Rock Valley continues to grow both in population and in businesses In 2000, the median household income for Rock Valley was recorded at \$36,967 with 15 families (or 1.9% of the population) being reported as below the poverty level Hegg Memorial Health Center is 1 of 4 hospitals located in Sioux County

**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

Part VI, Line 5 HMHC feels that the health and wellness of their service area/community are of utmost importance As the largest healthcare leader in the community, HMHC is a centralized resource that not only provides compassionate patient care, but also offers life skills classes and health care reform education and webinar for the community HMHC is also involved with the area Economic Development Board, Chamber of Commerce, and the Sioux County Coalition HMHC work to enhance the quality of life and empower its patients, care-givers and community with the resources they need when they need them Part VI, Line 8 Hegg Memorial Health Center's community benefits are reported with Avera McKennan in the state of South Dakota due to their affiliation HMHC also reports to the Iowa Hospital Association (IHA) for the state's reporting on community benefits, and files their own community benefit report within the organization For fiscal year 2010, the community benefit report will be published in the local newspaper and on the website

**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.)

Part VI, Line 6 HMHC has a nine member board comprised of citizens that occupy the primary service area HMHC extends privileges to physicians in the immediate area HMHC uses surplus funds to fund building improvements to enhance services to our patients The facility recently added on to the long term care facility, did some minor remodeling work in the hospital, and is exploring opportunities for construction of a rehab/wellness facility

**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

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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hegg Memorial Health Center

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
42-0932564

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☒

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

2

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

0

3

Enter total number of other organizations . . . . .

0



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Hegg Memorial Health Center

Employer identification number  
42-0932564

Part I

Questions Regarding Compensation

|    |  |     |    |
|----|--|-----|----|
|    |  | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items  |     |    |
|    | <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> |     |    |
| b  | If any of the boxes in line 1a are 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  |     | No |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   | Yes |    |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply   |     |    |
|    | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input 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>   |     |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization   |     |    |
| a  | Receive a severance payment or change-of-control payment?  |     | No |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | Yes |    |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?   |     | No |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   |     |    |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.   |     |    |
| 5  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  |     |    |
| a  | The organization?  |     | No |
| b  | Any related organization?  |     | No |
|    | If "Yes," to line 5a or 5b, describe in Part III   |     |    |
| 6  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  |     |    |
| a  | The organization?  |     | No |
| b  | Any related organization?  |     | No |
|    | If "Yes," to line 6a or 6b, describe in Part III   |     |    |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III   |     | No |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III   |     | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?   |     |    |

**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) Retirement and other 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 reportable compensation |  |                         |                                 |  |
| Glenn Zevenbergen | (i)  | 169,014  | 0                                   | 247                                 | 5,467  | 17,407                  | 192,135                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| Roy Slice MD      | (i)  | 135,586  | 4,746                               | 0                                   | 0  | 12,778                  | 153,110                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                   | (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.

| Identifier               | Return Reference | Explanation   |
|--------------------------|------------------|---|
|                          | Part I, Line 1a  | Club dues such as Rotary Club and Kiwanis Club as well as local Chamber Committees  |
|                          | Part I, Line 1b  | The policy is not written, however, a formal policy is being drafted. Hegg Memorial Health Center knows that being one of the largest organizations in the community they need to give back to the community and make their presence known throughout by involvement in civic organizations and social clubs. |
|                          | Part I, Line 4a  | Glenn Zevenbergen, CEO, received \$5,467 toward his CAA (Cash Accumulation Account), however, this plan was terminated by calendar year 2010.   |
| Supplemental Information | Part III         | Schedule J, Part II. Glenn Zevenbergen, CEO, is compensated by Avera McKennan, 800 East 21st Street, Sioux Falls, SD 57101.   |

|                          |  |                           |
|--------------------------|--|---------------------------|
| Schedule K<br>(Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).<br/>▶ Attach to Form 990. ▶ See separate instructions.</div> | OMB No 1545-0047          |
|                          |  | 2009                      |
|                          |  | Open to Public Inspection |

|   |  |
|---|--|
| Department of the Treasury<br>Internal Revenue Service  |  |
| Name of the organization<br>Hegg Memorial Health Center | Employer identification number<br>42-0932564 |

Part I Bond Issues

|   | (a) Issuer Name        | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    |
|---|------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|   |                        |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| A | City of Rock Valley IA | 42-6005162     |             | 06-01-2004      | 3,300,000       | New Building Construction  |              | X  | X                       |    |
| B | City of Rock Valley IA | 42-6005162     |             | 12-22-2009      | 1,200,000       | New Building Construction  |              | X  | X                       |    |

Part II Proceeds

|    |  | A         |    | B         |    | C   |    | D   |    | E   |    |
|----|--|-----------|----|-----------|----|-----|----|-----|----|-----|----|
|    |  |           |    |           |    |     |    |     |    |     |    |
| 1  | Total proceeds of issue  | 3,300,000 |    | 1,200,000 |    |     |    |     |    |     |    |
| 2  | Gross proceeds in reserve funds  |           |    |           |    |     |    |     |    |     |    |
| 3  | Proceeds in refunding or defeasance escrows  | 480,160   |    |           |    |     |    |     |    |     |    |
| 4  | Other unspent proceeds   |           |    |           |    |     |    |     |    |     |    |
| 5  | Issuance costs from proceeds   | 25,000    |    | 6,000     |    |     |    |     |    |     |    |
| 6  | Working capital expenditures from proceeds   |           |    |           |    |     |    |     |    |     |    |
| 7  | Capital expenditures from proceeds   | 2,794,840 |    | 1,194,000 |    |     |    |     |    |     |    |
| 8  | Year of substantial completion   | 2019      |    | 2024      |    |     |    |     |    |     |    |
|    |  | Yes       | No | Yes       | No | Yes | No | Yes | No | Yes | No |
| 9  | Were the bonds issued as part of a current refunding issue?  | X         |    |           |    | X   |    |     |    |     |    |
| 10 | Were the bonds issued as part of an advance refunding issue?   |           |    | X         |    |     |    | X   |    |     |    |
| 11 | Has the final allocation of proceeds been made?  | X         |    | X         |    |     |    |     |    |     |    |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X         |    | X         |    |     |    |     |    |     |    |

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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



**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Transactions with Interested Persons

**► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

**► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

**Name of the organization**  
Hegg Memorial Health Center

Employer identification number

42-0932564

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

Complete if the organization 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.**

Complete if the organization 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 |
| Premier Bank                              |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Construction                              | X                                     |      | 1,200,000                     | 1,168,656       |                 | No | Yes                                 |    | Yes                    |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total . . . . .                           |                                       |      | \$                            | 1,168,656       |                 |    |                                     |    |                        |    |

### **Part III** Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.**

Complete if the organization 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 |
| Sarita VanMaanen              | Family Member of Korrie VanMaanen, Board Member                 | 16,023                    | Employment                     |   | No |

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br>Hegg Memorial Health Center | Employer identification number<br>42-0932564 |
|---|--|

| Identifier                             | Return Reference | Explanation  |
|--|------------------|--|
| Form 990, Part VI, Section A, line 3   |                  | The hospital has a management agreement with Avera Health in which services of the CEO are paid through Avera Health. Additionally, the hospital contracts with Avera Health for services of the clinic manager, four physicians, one Physicians Assistant, and one surgeon.   |
| Form 990, Part VI, Section A, line 6   |                  | The organization has stockholder memberships. Persons must be a stockholder in order to be voted onto the governing board.   |
| Form 990, Part VI, Section A, line 7a  |                  | All stockholders have the same voting rights. Stockholders can vote at the annual meeting or through absentee ballot.  |
| Form 990, Part VI, Section A, line 7b  |                  | Retiring board members nominate two candidates for his/her vacant position, candidates are subject to approval by the full Board of Directors, and the membership may nominate not more than two candidates for each vacancy on the Board of Directors. The voting shall be by ballot and the elected director must receive a plurality of the votes of the members either present at the annual meeting or who have voted through absentee ballot. Write-in candidates shall be allowed on the absentee ballots. If an elected director cannot complete his or her term of office, the total Board of Directors shall have the power to fill or not fill the vacancy created. |
| Form 990, Part VI, Section A, line 8b  |                  | The committees bring recommendations to the board, the full board votes on recommendations. Committees don't have full authority to act on behalf of the board.  |
| Form 990, Part VI, Section B, line 11  |                  | The CEO will review the 990 in detail. Upon completion of the review, the 990 is provided to each board member. The CEO presents the 990 to the Board of Directors at the meeting held prior to its filing if so requested by any board member. Whether presented in a board meeting or not, the 990 is not filed until each board member has been given a copy of it and given ample time to review it.   |
| Form 990, Part VI, Section B, line 12c |                  | A statement is given to board members, the CEO, and the CFO, asking for any potential issues that could give rise to a conflict. Said persons are required to disclose any conflicts and sign off on the statement annually. The Board determines and reviews any possible conflict of interests that may arise. If any conflicts arise, the affected person(s) must refrain from discussion and voting on anything dealing with the item causing conflict.  |
| Form 990, Part VI, Section B, line 15  |                  | CEO - The regional manager at Avera Health evaluates the CEO and meets with the Board of Directors from the Hospital. He recommends a salary adjustment for the CEO. The Board of Directors is responsible for approval of the salary adjustment. The regional manager uses policies and procedures as set forth by Avera Health. CFO - The human resources director uses the IHA survey from the previous year to determine a minimum and maximum range for market salary adjustments. A recommendation is made to the Board. Merit increases are determined through a review process.  |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 |                  | Documents are available upon request with the approval of the Board. |



Additional Data

Software ID:  
Software Version:  
EIN: 42-0932564  
Name: Hegg Memorial Health Center

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

|                       | Business Code | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|-----------------------|---------------|----------------------|--|---|--|
| Patient Service Rev   | 622,110       | 13,706,498           | 13,706,498   |   |  |
| Clinic/Other Services | 621,111       | 606,352              | 558,014  |   | 48,338   |
| Daycare               | 624,410       | 204,193              |  | 204,193                                 |  |
| Int Avera Hlth Fdtn   | 900,099       | 60,246               |  |   | 60,246   |
| Joint Venture Income  | 900,099       | -42,342              |  |   | -42,342  |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Supplies   | 1,460,540             | 1,430,223                       | 30,317                                 |                             |
| Equipment Rental and Re  | 232,427               | 205,290                         | 27,137                                 |                             |
| Bad Debt Expense   | 124,655               | 124,655                         |  |                             |
| Dues and Subscriptions   | 88,330                | 55,756                          | 32,574                                 |                             |
| Auxiliary Expense  | 13,797                |                                 |  | 13,797                      |