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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)

OMB No 1545-0047

2009

Open to Public Inspection

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

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
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7500 MERCY ROAD
City or town, state or country, and ZIP + 4
OMAHA, NE 68124

D Employer identification number
47-0484764
E Telephone number
(402) 343-4323
G Gross receipts \$ 518,051,773

F Name and address of principal officer
SCOTT M WOOTEN
12809 WEST DODGE ROAD
OMAHA, NE 68142

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: WWW.ALEGENT.COM

K Form of organization Corporation Trust Association Other

L Year of formation 1961

M State of legal domicile NE

Part I Summary

Activities & Governance

- 1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH QUALITY CARE FOR THE BODY, MIND AND SPIRIT OF EVERY PERSON
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 11
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
5 Total number of employees (Part V, line 2a) 5 3,751
6 Total number of volunteers (estimate if necessary) 6 699
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 6,725,669
b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12.

Expenses

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19.

Net Assets or Fund Balances

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22.

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: SCOTT M WOOTEN SENIOR VP/CFO
Date: 2011-05-13

Paid Preparer's Use Only

Preparer's signature: Heidi Kriete
Date:
Check if self-employed:
Preparer's identifying number:
Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, TWO CENTRAL PARK PLAZASUITE 1501, OMAHA, NE 68102
EIN:
Phone no: (402) 348-1450

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 \$ 21,653,183 including grants of \$ 2,254,122) (Revenue \$ 153,664,814)

Bergan Mercy Medical Center is equipped with the latest technologies in the Diagnostic Center The Center is completely digital, so patients are never waiting on films Female patients can count on expert imaging tests including ultrasound, bone density testing, stereotactic breast biopsy and digital mammography There are a wide range of available tests at the Diagnostic Center that include the following Digital Mammography, MRI and Open MRI, CT, PET CT and Cardiac CT, 64-Slice CT, Fluoroscopy, Pulmonary Function Testing, Ultrasound, Cardiovascular Imaging, Phlebotomy, Nuclear Medicine, Digital Imaging, EEG, EKG and EMG, Stress Testing and Arterogram

4b (Code) (Expenses \$ 22,561,445 including grants of \$ 2,348,673) (Revenue \$ 102,486,143)

Bergan Mercy Medical Center and Mercy Hospital, Council Bluffs offer a wide range of the most comprehensive range of cardiovascular services in the region, using a team approach to address the total needs of the cardiovascular patient Alegent Health-Bergan Mercy Health System provides a comprehensive range of cardiac services, including but not limited to vascular and cardiac surgery, heart scans and heart checks, cardiac rehabilitation, vascular ultrasound, nuclear stress tests, dual source CT scanner and angioplasty In 2006, Mercy Hospital opened a new state-of-the-art Cardiac Catheterization lab, allowing physicians to perform procedures such as heart catheterizations, coronary interventions including balloon angioplasty and stenting, as well as implantation of pacemakers and defibrillators

4c (Code) (Expenses \$ 6,230,969 including grants of \$ 648,651) (Revenue \$ 15,849,137)

Bergan Mercy Medical Center and Mercy Hospital, Council Bluffs Cancer Support Team is comprised of a group of healthcare professionals who work together in a variety of ways to help the patient and family cope with cancer Bergan Mercy Medical Center cancer center offers the full continuum of cancer care for both inpatients and outpatients They are equipped to diagnose and treat patients with cancer and get them back to their life as soon as possible The Cancer Center is also an area leader in stem cell research and transplantation Individual team members include Cancer Support Service Specialists, Medical Social Workers, Cancer Rehabilitation Specialists, Pastoral Services, Dietitians, Oncology Nurse Navigators, Hospice & Home Care Services, Inpatient Nursing Services, Radiation Oncology, and Volunteer Services

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 387,222,890 including grants of \$ 40,310,359) (Revenue \$ 205,601,130)

4e Total program service expenses \$ 437,668,487

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> 12A Yes <input type="checkbox"/> No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

<p>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> <input checked="" type="checkbox"/></p>	<p>21</p>	<p>Yes</p>	
<p>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> <input checked="" type="checkbox"/></p>	<p>22</p>	<p>Yes</p>	
<p>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> <input checked="" type="checkbox"/></p>	<p>23</p>	<p>Yes</p>	
<p>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></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/></p>	<p>25a</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>25b</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>26</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28b</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>28c</p>	<p>Yes</p>	
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>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></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>33</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>34</p>	<p>Yes</p>	
<p>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> <input checked="" type="checkbox"/></p>	<p>35</p>	<p>Yes</p>	
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/></p>	<p>36</p>		<p>No</p>
<p>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> <input checked="" type="checkbox"/></p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

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		
	1a 206		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 3,751		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		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?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		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?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization If "Yes" to line a or b, describe the process in Schedule O (See instructions)	Yes	
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?	Yes	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		No

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SCOTT M WOOTEN SENIOR VPCFO 12809 WEST DODGE ROAD OMAHA, NE 68154 (402) 343-4323

1b Total	8,334,909	7,753,695	2,642,488
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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 **86**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CASSLING DIAGNOSTIC 13808 F STREET OMAHA, NE 68137	DIAGNOSTIC IMAGING SERVICES	2,224,566
DELTA CONSTRUCTION SERVICES INC 1105 S 24TH STREET OMAHA, NE 68108	CONSTRUCTION	1,550,187
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 84108	LABORATORY RESEARCH	1,284,709
NORTHWEST ANESTHESIA PC 6901 N 72ND STREET OMAHA, NE 68122	ANESTHESIA SERVICES	1,268,517
CAPITAL EXPRESS 3326 S 67TH STREET OMAHA, NE 68106	COURIER SERVICE	728,973

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 **44**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b	143,305			
	c	Fundraising events 1c	52,500			
	d	Related organizations 1d	171,679			
	e	Government grants (contributions) 1e	6,814,082			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	36,060			
	g	Noncash contributions included in lines 1a-1f \$ _____				
	h	Total. Add lines 1a-1f ▶		7,217,626		
Program Service Revenue	2a	NET PATIENT SERV REV	621,500	462,703,761	459,861,264	2,842,497
	b	REIMBURSABLE AFFILIATE	900,099	17,653,307	17,653,307	
	c	PHARMACY	446,110	7,298,607		3,195,641
	d	FOOD SERVICE	722,320	1,777,161		146,429
	e	HEALTH EDUCATION PRGMS	611,710	86,653	86,653	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f ▶		489,519,489		
	3	Investment income (including dividends, interest and other similar amounts) ▶		254,524		
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
Other Revenue	6a	(i) Real				
		(ii) Personal				
	b	Less rental expenses	2,955,705			
	c	Rental income or (loss)	1,986,875			
	d	Net rental income or (loss) ▶	968,830			968,830
7a	(i) Securities					
	(ii) Other					
	b	Less cost or other basis and sales expenses	8,755,578	1,164,789		
	c	Gain or (loss)	1,337,275			
d	Net gain or (loss) ▶	8,755,578	-172,486			
8a	Gross income from fundraising events (not including \$ 52,500 of contributions reported on line 1c) See Part IV, line 18 a	62,192				
b	Less direct expenses b	42,135				
c	Net income or (loss) from fundraising events ▶		20,057		20,057	
9a	a	Gross income from gaming activities See Part IV, line 19 a	49,600			
	b	Less direct expenses b	25,822			
	c	Net income or (loss) from gaming activities ▶		23,778		23,778
10a	a	Gross sales of inventory, less returns and allowances a	651,153			
	b	Less cost of goods sold b	302,409			
	c	Net income or (loss) from sales of inventory ▶		348,744		348,744
Miscellaneous Revenue		Business Code				
11a	REIMBURSED SERVICES	900,099	4,724,694			4,724,694
	CHILD CARE	624,410	1,392,265			1,392,265
	MISC OPERATING REVENUE	900,003	1,250,183		487,127	763,056
	All other revenue		53,975		53,975	
	e	Total. Add lines 11a-11d ▶		7,421,117		
12	Total revenue. See Instructions ▶		514,357,257	477,601,224	6,725,669	22,812,738

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	28,800	28,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	45,533,005	45,533,005		
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	5,406,236	4,054,677	1,351,559	
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	164,964,088	132,602,623	32,043,310	318,155
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,655,821	5,556,510	1,099,311	
9	Other employee benefits	29,498,914	18,790,123	10,601,703	107,088
10	Payroll taxes	9,329,219	7,739,249	1,583,811	6,159
11	Fees for services (non-employees)				
a	Management				
b	Legal	35,765		35,765	
c	Accounting				
d	Lobbying	21,390	21,390		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	21,759,657	14,874,956	6,884,701	
12	Advertising and promotion	36,631	36,631		
13	Office expenses	97,524,290	95,676,664	1,847,339	287
14	Information technology				
15	Royalties				
16	Occupancy	7,951,111	7,951,111		
17	Travel	523,709	225,706	296,712	1,291
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,134	105,134		
20	Interest	2,706,902	2,706,902		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,369,325	23,646,821	8,722,504	
23	Insurance	954,570	609,084	345,486	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	25,774,040	25,774,040		
b	PURCHASED SERVICES	21,194,259	6,999,155	14,159,114	35,990
c	MANAGEMENT ALLOCATIONS	20,893,828	20,893,828		
d	Joint Venture	17,825,599	17,825,599		
e	OTHER	5,485,005	5,485,005		
f	All other expenses	544,510	531,474	13,036	
25	Total functional expenses. Add lines 1 through 24f	517,121,808	437,668,487	78,984,351	468,970
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	3,498,916	1	1,044,159
	2 Savings and temporary cash investments	31,873,899	2	20,019,456
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	49,633,782	4	50,919,748
	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	1,550,000	7	2,975,000
	8 Inventories for sale or use	8,731,671	8	9,130,447
	9 Prepaid expenses and deferred charges	22,249	9	111,548
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	554,244,137		
	b Less accumulated depreciation	257,443,541	243,896,027	10c 296,800,596
	11 Investments—publicly traded securities	148,921,057	11	192,439,888
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	31,327,779	13	16,108,779
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,185,000	15	32,411,279
16 Total assets. Add lines 1 through 15 (must equal line 34)	530,640,380	16	621,960,900	
Liabilities	17 Accounts payable and accrued expenses	19,221,301	17	13,061,612
	18 Grants payable		18	
	19 Deferred revenue	355,505	19	526,305
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	75,946,369	23	171,451,063
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	831,852	25	3,084,807
	26 Total liabilities. Add lines 17 through 25	96,355,027	26	188,123,787
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	429,831,574	27	428,915,113
	28 Temporarily restricted net assets	2,653,779	28	3,131,000
	29 Permanently restricted net assets	1,800,000	29	1,791,000
	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	434,285,353	33	433,837,113	
34 Total liabilities and net assets/fund balances	530,640,380	34	621,960,900	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d 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
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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 . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number

47-0484764

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

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

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 III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 First Five Years If the Form 990 is for the 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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 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

b 33 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

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

Part IV **Supplemental Information.** 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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number

47-0484764

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Multiple empty rows.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		21,390
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			21,390
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number 47-0484764

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

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

Table with 2 columns: Held at the End of the Year. Rows 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?
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)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,665,977	2,688,014			
b Contributions	149,013	1,800,115			
c Investment earnings or losses	298,938	-448,721			
d Grants or scholarships	9,996	3,875			
e Other expenditures for facilities and programs	142,744	369,556			
f Administrative expenses					
g End of year balance	3,961,188	3,665,977			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment **36.000 %**
- c** Term endowment **64.000 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

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		3,341,409		3,341,409
b Buildings		225,134,729	92,503,440	132,631,289
c Leasehold improvements		13,394,211	8,695,536	4,698,675
d Equipment		268,447,126	156,244,565	112,202,561
e Other		43,926,662		43,926,662
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				296,800,596

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTERCOMPANY RECEIVABLE	32,411,279
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	32,411,279

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE UNDER DEFERRED COMP PLANS	885,451
3RD PARTY PAYER SETTLEMENT	2,199,356
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,084,807

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

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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 V, Line 4	Description of Intended Use of Endowment Funds	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM
		PART X, LINE 2 - THE ENTITIES REPORTED IN THE CONSOLIDATED AUDIT HAVE ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, INCLUDED IN FASB ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL, ENTITIES OF ALEGENT HEALTH RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS DURING 2010 AND 2009, MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Candle Light Ball</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	114,692			114,692
	2 Less Charitable contributions	52,500			52,500
	3 Gross income (line 1 minus line 2)	62,192			62,192
Direct Expenses	4 Cash prizes	25,000			25,000
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,135			17,135
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				42,135
11 Net income summary Combine lines 3, column d, and line 10. ▶				20,057	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue			49,600	49,600
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			25,822	25,822
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>4 000</u> % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				25,822	
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				23,778	

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	0 %
b An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ALEGENT HEALTH

Address ▶ 12809 WEST DODGE ROAD
OMAHA, NE 68154

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ Volunteers

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Gaming responsibilities are handled by Volunteers of the Bergan and Mercy Auxiliaries Therefore, no compensation is reported

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number 47-0484764

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? 5b If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5c 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? 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? 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

Table with 7 columns: 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. Rows include Charity care at cost, Unreimbursed Medicaid, Unreimbursed costs—other means-tested government programs, Total Charity Care and Means-Tested Government Programs, Other Benefits (Community health improvement services, Health professions education, Subsidized health services, Research, Cash and in-kind contributions to community groups), Total Other Benefits, and Total (Add lines 7d and 7j).

Part II Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support		2	184,593	17,568	167,025	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		29	326,334	3,706	322,628	0.070 %
7 Community health improvement advocacy						
8 Workforce development		7	660		660	0 %
9 Other						
10 Total		38	511,587	21,274	490,313	0.100 %

Part III Bad 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	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2	10,468,906	
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	2,779,824	
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	95,766,408
6 Enter Medicare allowable costs of care relating to payments on line 5	6	134,836,944
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-39,070,536
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	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	Yes

Part IV Management 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 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

See additional data

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

See additional data

- 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 There are several financial assistance access points throughout a PATIENT'S care cycle Bills contain financial assistance verbiage, signs are posted in clinics and hospital, and there is information on financial assistance posted at registration points throughout clinics and hospitals Additionally, information on The Alegant Health SYSTEM'S financial assistance policies are located AT www.alegant.com

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

See additional data

- 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

See additional data

- 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)

See additional data

- 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

See additional data

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

Additional Data

Software ID:

Software Version:

EIN: 47-0484764

Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c Bergan Mercy Health System is part of the Alegend Health System. The amount of financial assistance write-off for entities of the Alegend Health system are based on a financial assistance sliding fee schedule utilizing a derivative of the current US Department of Housing and Urban Development (HUD) very low income guidelines, which are updated yearly. All efforts are made to establish whether patients are eligible for financial assistance prior to service if possible, otherwise as soon as possible following service. Representatives of the Alegend Health system help patients seek reimbursement from local, state and federal programs at no charge to the patient. After these efforts and resources have been exhausted, patients are assisted in the application process for financial assistance consistent with Alegend HEALTH'S Financial Assistance Policy. The application process requires that the patient complete a personal financial application and provide verification documents. Verification includes employment verification and obtaining documentation of the APPLICANT'S financial condition such as federal tax return, pay stub, net worth and/or liquid assets and reasonable household or business expenses. Financial assistance may still be granted in certain circumstances involving a catastrophic occurrence resulting in medical bills grossly exceeding the PATIENT'S ability to pay, and in these situations, the PATIENT'S responsibility will be limited to 20% of the FAMILY'S gross annual income. Part I, line 6a The Alegend Health System produces a public community benefit report that is mailed to a core constituency and placed in key places throughout the organization. It is also available on the COMPANY'S intranet site, and on its public website at www.alegent.com.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 The costing methodology used to calculate the amounts reported in the table were worksheets 1 - 8 provided with the Schedule H instructions The cost to charge ratio derived from Worksheet 2 was used to calculate total community benefit expense for charity care, medicaid and other means tested

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g Alegent Health Bergan Mercy Health System provides subsidized health to the broader community via a neonative intensive care unit, home health and hospice care, and behavioral health services

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f Bad debt of \$25,774,040 included in the functional expense total part IX, line 25 is not included in the total operating expense used to calculate the table 7 percentages

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 THE AUDITED FOOTNOTES FOR ENTITIES OF THE ALEGENT HEALTH SYSTEM DO NOT CONTAIN FOOTNOTES RELATED TO BAD DEBT EXPENSE BAD DEBT EXPENSE IS IDENTIFIED ON THE CONSOLIDATED STATEMENT OF OPERATIONS WHICH IS CONSISTENT WITH THE REPORTING PRACTICE OF OTHER HEALTH CARE ORGANIZATIONS BAD DEBT EXPENSE (AT COST) FOR ENTITIES OF ALEGENT HEALTH ARE DETERMINED BY USING THE COST TO CHARGE RATIO FROM MEDICARE COST REPORTS PER ENTITY AND MULTIPLYING THE RATIO BY THE ACTUAL BAD DEBT CHARGES PER ENTITY TO DETERMINE THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST)ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CAREPOLICY, REPRESENTATIVES OF THE ALEGENT HEALTH SYSTEM DETERMINE IF ANACCOUNT NEEDS TO BE MOVED FROM BAD DEBT TO CHARITY WHEN A PATIENT EITHERCOMES FORWARD AND COMPLETES A CHARITY APPLICATION, WHICH IS APPROVED OR IF IT IS DETERMINED THAT THE PATIENT HAS NO OTHER RESOURCES TO PAY THEACCOUNT BALANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 The Alegent Health System does not consider Medicare shortfalls to be community benefit, per the recommendation of the Catholic Health Association. The Medicare charges reported on line 5 and 6 are from Medicare cost reports which use a cost to charge ratio.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b A legent HEALTH'S SELF PAY BILLING AND BAD DEBT POLICY HAS A CLEARLY DELINEATED PROCESS FOR COLLECTION AGENCIES TO FOLLOW, INCLUDING EXPLICIT INSTRUCTIONS THAT ENSURE THE CHARITY CARE PATIENTS WHO HAVE BEEN IDENTIFIED DO NOT GO TO COLLECTIONS Part V 2 licensed hospices and 1 home health agency

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 The Alegent Health system approaches community needs assessment as a corporate activity that develops and integrates county based health profiles for each of the counties WHERE THE licensed hospitals ARE located The process to develop the assessments is collaborative in nature and involves health departments, existing health coalitions, community members and hospital leadership, as is supported by the Alegent Health Planning and Community Benefit Department staff The Alegent Health Planning department conducts market assessments that identify the OMAHA METROPOLITAN STATISTICAL AREA'S population and demographic characteristics Additionally, in cooperation with local health departments and coalitions, the Alegent Health Community Benefit/Healthier Community department conducts an annual review of the documented community health needs and plans of each of the communities it serves This assessment process involves summarizing existing data and research from local health department reports and local coalition reports into a comprehensive summary grid incorporating a multitude of factors including- demographics, health status metrics, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY data, documented health issues, qualitative information from qualitative and community based processes and identification of Alegent HEALTH'S participation and specific strategic action plans The profiles are integrated into the governance and planning for Alegent Health on two levels I Reporting to the committee of the Board of Directors charged with health planning oversightII Into the annual strategic planning processes of Alegent Health Particular to Douglas County, which Bergan Mercy Medical Center resides, needs assessment and reporting of those needs is led by Live Well Omaha, a membership based coalition LIVE WELL OMAHA has been in existence for 14 years and Alegent Health was a founding member and is the largest financial contributor

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Alegent Health (system) serves the Omaha Metropolitan Statistical Area (MSA), with an estimated population of 842,976, ranking 60th out of 366 MSAs in total population. On average, the population is older than the U.S. with a current median age of 34.9 years that is projected to increase to 35.5 by 2014. 50.6% of the population is female. The Omaha MSA racial and ethnic makeup is approximately 83.9% white, 7.7% black and 7.6% Hispanic or Latino. THE 2009 Estimates show that there are approximately 326,989 households, which is projected to increase over the next five years. The average household income is \$68,637, with a per capita income of \$26,840 (vs national of \$26,410).

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 As a result of community health needs assessment conducted in 2006 which pointed to childhood obesity as a serious health needs issue across all Omaha MSA counties served, the Alegent Health system partnered with the community AND Made a multi-year commitment to impact childhood obesity through community based best practice interventions This initiative has had a primary focus of impact in Douglas County, but the funding to underwrite has come from the fiscal performance of all A legent Health hospitals The community coalition known as Live Well Omaha Kids (LWOK) is staffed and funded by A legent Health Executive Committee, which consists of community leaders and policy makers, have implemented an ecological approach that improves programs, policies and promotes physical activity and healthy eating habits at the individual and organizational levels More than 200 volunteers have participated in the planning and implementation of LWOK initiatives A portion of this investment in LWOK is allocated to the ALEGENT HEALTH-Bergan Mercy HEALTH System

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 The primary care physician clinics that are part of the ALEGENT HEALTH SYSTEM participate in medical student preceptorships that advance the healthcare provider education process THE Alegent Health SYSTEM has Open Medical staffs AND THE Alegent Health SYSTEM IS one of 3 health systems that fund the operations of a coalition that exists to provide access for the patients of 3 area Federally Qualified Community Health CenterS to specialty physician services and hospital based diagnostics and Treatment THE Alegent Health SYSTEM is the sole comprehensive acute mental health provider in the Omaha MSA area THE Alegent Health SYSTEM is a joint venture partner in a not-for-profit Hospice inpatient hospital and provides the management support contract THE Alegent Health SYSTEM budgets for an emergency fund as a subset of other community donations to respond to crisis or unplanned funding needs of a vital community service, which Was first used in FY2010 with the economic downturn THE Alegent Health SYSTEM Has a current commitment to set aside up to 6% of its EBIDA in a given fiscal year for collaborative initiatives to improve the health of the communities served, which is the Catalyst Fund BOARD OF DIRECTORS - THE ALEGENT HEALTH SYSTEM IS governed by a Board of Directors primarily comprised of volunteer members of our local community who are leaders in the fields of business, healthcare, accounting and medicine and understand their role in providing strong corporate governance The Board of Directors consists of twelve voting members and two non-voting members EMERGENCY DEPARTMENT - ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM hospitals have full-time emergency departments that are open to the public and provide medical screening examinations and stabilizing treatment within the capabilities and capacity of the hospitals regardless of but not limited to the PATIENT'S race, color, sex, age, and/or ability to pay The hospitals are in compliance with the federal EMTALA regulations In addition, ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM, together with unrelated hospitals in the area, works closely with local fire and rescue departments to ensure that ambulances take patients to the appropriate hospital This is generally the hospital that is closest geographically with exceptions based on patient preference, PATIENT'S physician preference, and capacity or the availability of specialized facilities or programs related to the PATIENT'S condition Finally, ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM maintains detailed procedures regarding when and under what circumstances a patient can be transferred Under this policy, no patient will be transferred based on race, creed, religion or ability to pay MEDICAL STAFF - ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM maintain an open medical staff All qualified MDs, DOs, other healthcare practitioners, and mid-level practitioners are eligible to apply for privileges at the hospitals ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM'S policy on physician credentialing is that no individual is to be denied medical staff appointment based on sex, race, creed, color or national origin The standards a physician must meet for appointment relate to (1) educational qualifications and licensing, (2) professional competence, (3) character, (4) ethical standing, and (5) ability to relate to and work with others Applications are reviewed at several levels within the organization Physicians who have been granted staff privileges automatically become members of the medical staff at the hospital(s) for which privileges have been granted

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 The senior leadership of the individual hospitals ARE engaged in the community needs assessment process that is conducted from the corporate offices of the A legent Health system (See Part VI-2/Community Needs Assessment) The hospitals ARE involved in shared budget decision making to meet the prioritized community health needs in collaboration with community partners The corporate function is funded from the operations of the individual hospitals to leverage expertise and time that is focused on promoting health versus addressing acute care needs The individual hospitals become more involved in specific strategic responses through the services they provide and their participation in the coalitions across the A legent Health service area

Schedule I (Form 990)

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number
47-0484764

Part I 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?
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.

Table with 8 columns: (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. Includes entries for HARBOR HOUSE and MOHMS PLACE.

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

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number

47-0484764

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>1b 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</p>	Yes									
<p>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?</p>	Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p>										
<p>4a Receive a severance payment or change-of-control payment?</p>	Yes									
<p>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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</p>										
<p>5a The organization?</p>	Yes									
<p>5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>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</p>										
<p>6a The organization?</p>	Yes									
<p>6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>	Yes									
<p>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</p>		No								
<p>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</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

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	As part of the executive compensation arrangement, executives are provided with a set sum, approximately 30 - 40% of their base salary, which can be used to elect various benefits Some of the benefits available for election include health club dues, automobile allowance, financial planning fees and legal fees Payment for these benefits are either made directly by Alegent Health or reimbursed to the executive after the appropriate substantiation for the expense is provided The amount paid for these benefits is included in the EXECUTIVE'S wages as taxable income
	Part I, Line 4a	The following reportable individuals received severance payments from Alegent Health (a related organization) during the 2009 calendar year and these severance payments were included in the INDIVIDUAL'S W-2 income and reportable as compensation on Schedule J DUANE DAVID - \$208,937 THEODORE SCHWAB - \$371,912 WAYNE SENSOR - \$124,126 RICHARD HACHTEN II - \$363,816 FRED HOSLER, MD - \$87,750 MARGARET BREEN - \$53,962 AMY PROTEXTER - \$49,415 ANN JONES - \$187,565 JARROD JOHNSON - \$162,988 MARK KESTNER, MD - \$63,691 JOHN MAY - \$185,254 MICHAEL ANDERSON - \$29,164 PETE FESTERSEN - \$136,893 Part I, Line 4B ALEGENT HEALTH HAS A MARKET BASED NONQUALIFIED RETIREMENT PLAN APPROVED BY THE BOARD OF DIRECTORS THAT EXECUTIVES PARTICIPATE IN OF WHICH ANNUAL CONTRIBUTIONS ARE MADE DURING 2009, THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TERMINATED AND PARTICIPANTS RECEIVED A TOTAL PAYOUT OF THEIR BALANCE THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS FROM ALEGENT HEALTH DURING THE 2009 CALENDAR YEAR AND THE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON SCHEDULE J Richard Hachten II - \$930,151 Fred Hosler, MD - \$242,195 KENNETH LAWONN - \$207,997 MARGARET BREEN - \$79,304 DAVID TEW - \$152,621 MARTIN HICKEY - 108,830 MARIE KNEDLER - \$316,677 Jarrod Johnson - \$11,015 Ann Jones - \$27,343 SHEREE KEELY - \$25,009 MARK KESTNER, MD - \$82,351 ELIZABETH LLEWELLYN - \$49,672 Patricia Masek - \$22,264 FRANK EMSICK - \$44,295 John May - \$25,057 Joan Neuhaus - \$77,813 Amy Protexter - \$62,943 Scott Wooten - \$192,696 MICHAEL ANDERSON - \$78,739 PETE FESTERSEN - \$9,856 THEODORE SCHWAB - \$159 WAYNE SENSOR - \$701,232
	Part I, Line 5	PHYSICIANS EMPLOYED BY ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON INDIVIDUAL QUALITY MANAGEMENT, WHICH INCLUDE CORE MEASURES, PHYSICIAN REFFERAL AND ATTENDANCE AT MEETINGS THE CORE MEASURES USED TO DETERMINE THE PHYSICIAN BONUSES ARE NATIONALLY ACCEPTED MEASURES OF PHYSICIAN PRODUCTIVITY
	Part I, Line 6	Compensation for members of management of Alegent Health and related entities is determined at a system level MEMBERS OF ALEGENT HEALTH management ARE eligible for an annual incentive bonus INCENTIVE AWARDS ARE BASED ON FOUR INDIVIDUAL PERFORMANCE MEASURES WHICH ARE LINKED TO FOUR SYSTEM PERFORMANCE GOALS FOR EACH MANAGER, 75% OF THE INCENTIVE AWARD WILL BE DETERMINED BY SYSTEM PERFORMANCE GOALS AND 25% DETERMINED BY INDIVIDUAL PERFORMANCE One of the FOUR SYSTEM PERFORMANCE GOALS Is dependent on the financial results of the entire Alegent Health system for the fiscal year
Supplemental Information	Part III	SCHEDULE J, PART I, LINE 3 ALEGENT HEALTH GOVERNANCE OF EXECUTIVE COMPENSATION ACTING AS PRUDENT STEWARDS OF ITS FINANCIAL RESOURCES, THE ALEGENT HEALTH BOARD COMPENSATION COMMITTEE RECOMMENDS AND THE BOARD EXECUTIVE COMMITTEE APPROVES EXECUTIVE COMPENSATION PHILOSOPHY, POLICY AND GUIDELINES IT DOES SO WITH THE OBJECTIVE OF ATTRACTING AND RETAINING TOP EXECUTIVE TALENT TO ENSURE ALEGENT HEALTH IS ABLE TO FULFILL ITS FAITH-BASED MISSION AND ACHIEVE ITS VISION OF BECOMING WORLD-CLASS THE ALEGENT HEALTH COMPENSATION COMMITTEE FOLLOWS A THOROUGH AND INTENTIONAL PROCESS THAT INCLUDES CONSULTATION WITH INDEPENDENT, EXPERT COUNSEL AND CAREFULLY COMPARES COMPENSATION LEVELS TO MARKET-BASED COMPENSATION OF SIMILAR SIZED, NON-PROFIT AND FOR-PROFIT HEALTH SYSTEMS AND ALSO UTILIZES A BLEND OF NOT-FOR PROFIT AND GENERAL INDUSTRY DATA FOR EXECUTIVE ROLES WHERE THE RECRUITING MARKET IS ARGUABLY BROADER THAN THE NOT-FOR-PROFIT SECTOR TOTAL COMPENSATION INCLUDES BASE COMPENSATION, AND ALSO INCLUDES PERFORMANCE-BASED INCENTIVE COMPENSATION FOR ACHIEVING BOARD-SET GOALS FOR CLINICAL QUALITY, PATIENT SAFETY AND SATISFACTION, PHYSICIAN PERCEPTION, STRATEGIC AND FACILITY PLANNING AND FINANCIAL PERFORMANCE IT MAY ALSO INCLUDE OTHER CASH PAYMENTS SUCH AS ONE-TIME RELOCATION COSTS SCHEDULE J, PART II THE ALEGENT HEALTH EXECUTIVES HAVE A PROVISION IN THEIR COMPENSATION AGREEMENT THAT PROVIDES FOR POTENTIAL SEVERANCE PAYMENTS IN THE EVENT OF TERMINATION WITHOUT CAUSE OR CHANGE OF CONTROL THE AMOUNT OF SEVERANCE AN EXECUTIVE MAY OR MAY NOT RECEIVE IF TERMINATED ACCORDING TO THE COMPENSATION AGREEMENT IS INCLUDED AS DEFERRED COMPENSATION IN COLUMN C

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number 47-0484764

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

Table with 3 main columns: (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

Table with 7 main columns: (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?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (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.

Table with 5 main columns: (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?

Additional Data

Software ID:
Software Version:
EIN: 47-0484764
Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493133025171**

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009
Name of the organization ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM		Employer identification number 47-0484764

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Tax returns for entties of the Alegent Health system are prepared by THE SYSTEM tax department Follow ing the preparation of ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM Form 990 by internal tax staff, the return is review ed by the Tax Director, External Tax Advisor and the Chief Financial Officer The final tax return is posted on the electronic DIRECTOR'S portal to be review ed and presented at the Finance and Audit Commtee of the Board THE FINAL TAX RETURN IS PRESENTED AT THE SCHEDULED BOARD MEETING THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR ARE PRESENT AT THE MEETING TO ANSWER ANY QUESTIONS THE BOARD MAY HAVE Additionally, the Board of Directors are notified that the final Form 990, including all required schedules is available on the electronic portal for review and will be filed on May 16, 2011

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The governing board engaged the services of an independent consulting firm that holds itself out to the public as a compensation consultant that is qualified to and regularly performs executive and officer compensation studies The consulting firm conducted a review and analysis of the total compensation paid to the CEO and other officers and key employees of the organization, based on comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations and determined that the compensation was reasonable The consulting firm issued an opinion letter as to the reasonableness of the total compensation paid to employees identified as disqualified persons The opinion letter setting forth the findings was review ed and approved by the compensation committee of the governing board Contemporaneous documentation and recordkeeping w ith respect to deliberations and decisions regarding the compensation arrangements were maintained This process was used for the follow ing positions President and Chief Executive Officer Executive Vice President Senior Vice President and Chief Financial Officer Chief Executive Officer Alegent Health Clinic Senior Vice President Chief Operations Officer Senior Vice President Chief Medical Officer Medical Directors Vice President Operations (Bergan Mercy) Vice President Operations (Mercy) Senior Vice President Chief Information Officer (2010) Senior Vice President Human Resources Senior Vice President Marketing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The conflict of interest policy is made available to the public on the website at www alegent com ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM does not make the financial statements or governing documents available to the public However, the ARTICLES OF INCORPORATION are available at www sos state ne us

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 5 AND PART V, LINE 2A		THE EMPLOYEES LISTED IN PART I, LINE 5 AND PART V, LINE 2A ARE EMPLOYED BY ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM HOWEVER, THROUGH A COMMON PAY AGENT AGREEMENT, THE EMPLOYEES ARE PAID BY ALEGENT HEALTH AND PAY ROLL EXPENSES ARE ALLOCATED TO ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 1A		PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF THE ALEGENT HEALTH SYSTEM ARE MADE BY ALEGENT HEALTH, THEREFORE NO FORM 1099S ARE ISSUED BY ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ALEGENT HEALTH FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS HOWEVER, PER THE INSTRUCTIONS, THOSE 1099S ISSUED BY ALEGENT HEALTH ON BEHALF OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM ARE REPORTED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16		ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, ALEGENT HEALTH'S SYSTEM-WIDE JOINT VENTURE MODEL INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNER'S RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S LENGTH, WITH PRICES SET AT FAIR MARKET VALUE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Employer identification number

47-0484764

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
AVANTAS LLC 11128 JOHN GALT BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	N/A	RELATED	-900,402	4,051,219		No	125,535	Yes	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	N/A	N/A				No			No
LAKESIDE ENDOSCOPY CENTER LLC 17001 Lakeside Hills Plaza STE 201 OMAHA, NE68130 20-5544496	ENDOSCOPY SERVICES	NE	N/A	N/A				No			No
Omaha Ambulatory Investment Company LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	N/A	N/A				No			No
Alegent Health Northwest Imaging Center LLC 3606 N 156th Street Ste 104 OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	N/A	N/A				No			No
Prairie Health Ventures LLC 421 South 9th Street Ste 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	N/A	N/A				No			No
Bergan Mercy Surgery Center LLC 7710 Mercy Road Ste 100 OMAHA, NE68124 20-8671994	AMBULATORY SURIGICAL CENTER	NE	N/A	N/A				No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 WEST DODGE ROAD OMAHA, NE68164 47-0802396	MANAGED CARE SERVICES	NE	N/A	C			

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(b) Transaction type(a-r)	(c) Amount involved
(a) Name of other organization		
(1) AVANTAS LLC	D	2,975,000
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 47-0484764
Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6901 N 72ND STREET OMAHA, NE68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH
ALEGENT HEALTH 12809 WEST DODGE ROAD OMAHA, NE68154 47-0757164	LICENSED HOSPITAL/ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L3	N/A
ALEGENT HEALTH CLINIC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	ALEGENT HEALTH
ALEGENT HEALTH FOUNDATION 12809 WEST DODGE ROAD OMAHA, NE68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	ALEGENT HEALTH
Alegent Health-Mercy Hospital Corning IA 603 Rosary Drive CORNING, IA 50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	N/A
Mercy Health Care Foundation Corning IA 603 Rosary Drive CORNING, IA 50841 42-1461064	SUPPORT OF ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	Alegent Health-Mercy Hospital Corning IA
Alegent Health Memorial Hospital Schuyler NE 104 West 17th Street SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
Schuyler Memorial Hospital Foundation INC 104 West 17th Street SCHUYLER, NE68661 36-3630014	SUPPORT OF ALEGENT HEALTH-MEMORIAL HOSPITAL, SCHUYLER EXEMPT ACTIVITIES	NE	501(C)(3)	L11 I	Alegent Health Memorial Hospital Schuyler NE
Alegent Health Community Memorial Hospital of MO Valley IA 631 North 8th Street Missouri Valley, IA 51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
Community Memorial Hospital Medical Service Foundation Missouri Valley IA 631 North 8th Street Missouri Valley, IA 51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY,	IA	501(C)(3)	L11 I	Alegent Health Community Memorial Hospital of MO Valley IA
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	IA	501(C)(3)	L11 I	N/A

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
AVANTAS LLC 11128 JOHN GALT BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	N/A	RELATED	-900,402	4,051,219		No	125,535	Yes	No
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	N/A	N/A				No			No
LAKESIDE ENDOSCOPY CENTER LLC 17001 Lakeside Hills Plaza STE 201 OMAHA, NE68130 20-5544496	ENDOSCOPY SERVICES	NE	N/A	N/A				No			No
Omaha Ambulatory Investment Company LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	N/A	N/A				No			No
Alegent Health Northwest Imaging Center LLC 3606 N 156th Street Ste 104 OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	N/A	N/A				No			No
Prairie Health Ventures LLC 421 South 9th Street Ste 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	N/A	N/A				No			No
Bergan Mercy Surgery Center LLC 7710 Mercy Road Ste 100 OMAHA, NE68124 20-8671994	AMBULATORY SURIGICAL CENTER	NE	N/A	N/A				No			No

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No **67**

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

Department of the Treasury
Internal Revenue Service

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

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

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

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	0

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	97,711
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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

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

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	97,711
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

21 Listed property

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

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

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

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

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

Table with 2 columns: Yes, No. Includes rows 37-41 and a Note.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Additional Data

Software ID:
Software Version:
EIN: 47-0484764
Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 387,222,890 including grants of \$ 40,310,359) (Revenue \$ 205,601,130)

BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL, COUNCIL BLUFFS PROVIDE ADDITIONAL SERVICES INCLUDING BUT NOT LIMITED TO EMERGENCY DEPARTMENT, INPATIENT HOSPITAL FACILITIES, PROCEDURE CENTER, ORTHOPEDIC SERVICES, DIGESTIVE HEALTH CENTER, FAMILY LIFE CENTER, RADIOLOGY, UROLOGY AND PHYSICAL THERAPY PATIENTS ARE AT THE CENTER OF EVERYTHING DONE AT BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL, COUNCIL BLUFFS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE R ANDERSEN CHAIR	6 00	X		X				0	0	0
SR LILLIAN MURPHY RSM DIRECTOR	4 00	X						0	0	0
ANTHONY HATCHER DO SECRETARY/TREASURER	6 00	X		X				0	498,263	35,568
JOHN HEWITT VICE CHAIR	6 00	X		X				0	0	0
MARTIN MANCUSO MD DIRECTOR	4 00	X						0	16,000	0
SUSAN PEACH RN DIRECTOR	4 00	X						0	0	0
RICHARD VIERK DIRECTOR	4 00	X						0	23,500	0
MICHAEL DEFREECE DIRECTOR	4 00	X						0	0	0
PAUL EDGETT III DIRECTOR	4 00	X						0	0	0
ERIC GURLEY DIRECTOR	4 00	X						0	0	0
KEITH SCHMODE DIRECTOR	4 00	X						0	5,000	0
GUILLERMO HUERTA MD DIRECTOR	4 00	X						0	0	0
WAYNE A SENSOR CHIEF EXECUTIVE OFFICER	29 00			X				835,445	921,389	23,329
RICHARD HACHTEN II PRESIDENT & CEO	29 00			X				778,407	858,483	734,490
FRED HOSLER MD SVP/CMO	29 00			X				444,370	490,082	369,747
KENNETH LAWONN SVP INFORMATION TECH	29 00			X				307,577	339,220	38,536
SCOTT WOOTEN SVP/CFO	29 00			X				362,279	399,548	20,275
MARGARET BREEN SVP-HUMAN RESOURCES	29 00			X				224,591	247,695	17,268
AMY PROXTER SVP MARKETING & COMM	29 00			X				194,791	214,830	28,487
PATRICIA NADLE SVP/CNO	29 00			X				62,873	69,339	252,625
MARK KESTNER MD SVP-CMO	29 00			X				249,972	275,689	158,309
JOAN NEUHAUS SVP-COO	29 00			X				220,810	243,524	185,398
MARTIN HICKEY MD SVP/CEO CLINICS	29 00			X				388,103	428,027	45,701
MARIE KNEDLER COO-MERCY HOSPITAL	29 00				X			318,831	351,629	156,737
SHEREE KEELY VP-Behavioral Health Svc	29 00				X			104,258	114,985	21,999

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth LLEWELLYN VP-Mission Integration	29 00				X			127,254	140,346	21,048
PATRICIA MASEK VP-MEDICAL AFFAIRS	29 00				X			103,892	114,578	43,278
FRANK EMSICK VP-CONSTRUCTION	29 00				X			127,008	140,074	24,435
JOSEPH HOAGBIN MEDICAL DIRECTOR	60 00				X			270,412	0	34,786
PAUL EBMEIER COO-AHC	29 00				X			157,729	173,955	22,704
SHIRLEY HUERTER MD MEDICAL DIRECTOR	60 00				X			0	485,612	35,837
ENEH OKORUWA MD PHYSICIAN	60 00					X		524,876	0	36,405
SRIRAMAMURTHY RAVIPATI PHYSICIAN	60 00					X		482,016	0	41,370
Stephen Budd MD PHYSICIAN	60 00					X		336,896	0	36,801
Craig Seamands MD PHYSICIAN	60 00					X		275,606	0	35,833
NARENDRA REDDY MD PHYSICIAN	60 00					X		347,098	0	40,399
THEODORE SCHWAB FORMER SVP/CIO	0 00						X	177,164	195,389	19,719
DUANE DAVID FORMER SVP CLINICS	0 00						X	99,582	109,827	0
DAVID TEW FORMER COO-BMMC	0 00						X	298,472	329,176	141,864
Ann Jones FORMER VP-ONCOLOGY SVC	0 00						X	124,368	137,161	4,177
JARROD JOHNSON FORMER VP-ORTHOPEDIC SVC	0 00						X	104,556	115,313	5,703
JOHN MAY FORMER VP-CARDIOVASCULAR	0 00						X	125,085	137,954	3,737
PETE FESTERSEN FORMER VP-PUBLIC AFFAIRS	0 00						X	87,430	96,423	1,087
MICHAEL ANDERSON MD FORMER VP-Behavioral HS	0 00						X	73,158	80,684	4,836

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERV REV	621,500	462,703,761	459,861,264	2,842,497	
REIMBURSABLE AFFILIATE	900,099	17,653,307	17,653,307		
PHARMACY	446,110	7,298,607		3,195,641	4,102,966
FOOD SERVICE	722,320	1,777,161		146,429	1,630,732
HEALTH EDUCATION PRGMS	611,710	86,653	86,653		

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBTS	25,774,040	25,774,040		
PURCHASED SERVICES	21,194,259	6,999,155	14,159,114	35,990
MANAGEMENT ALLOCATIONS	20,893,828	20,893,828		
Joint Venture	17,825,599	17,825,599		
OTHER	5,485,005	5,485,005		

Software ID:
Software Version:
EIN: 47-0484764
Name: ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER DO	(i)	0	0	0	0	0	0	0
	(ii)	361,253	57,454	79,556	19,380	16,188	533,831	0
WAYNE A SENSOR	(i)	255,776	156,594	423,075	8,051	3,043	846,539	392,491
	(ii)	282,088	172,703	466,598	8,879	3,356	933,624	432,867
RICHARD HACHTEN II	(i)	137,062	7,685	633,660	348,180	1,099	1,127,686	615,333
	(ii)	151,162	8,475	698,846	383,999	1,212	1,243,694	678,634
FRED HOSLER MD	(i)	176,733	85,413	182,224	172,546	3,283	620,199	156,902
	(ii)	194,914	94,199	200,969	190,297	3,621	684,000	173,043
KENNETH LAWONN	(i)	135,872	64,268	107,437	15,360	2,966	325,903	98,911
	(ii)	149,850	70,880	118,490	16,940	3,270	359,430	109,086
SCOTT WOOTEN	(i)	178,630	81,021	102,628	6,303	3,338	371,920	91,635
	(ii)	197,006	89,356	113,186	6,952	3,682	410,182	101,061
MARGARET BREEN	(i)	89,540	60,968	74,083	6,991	1,221	232,803	63,373
	(ii)	98,751	67,240	81,704	7,710	1,346	256,751	69,893
AMY PROTEXTER	(i)	67,994	58,331	68,466	9,715	3,832	208,338	53,431
	(ii)	74,989	64,332	75,509	10,714	4,226	229,770	58,927
PATRICIA NADLE	(i)	61,068	0	1,805	118,234	1,899	183,006	0
	(ii)	67,349	0	1,990	130,398	2,094	201,831	0
MARK KESTNER MD	(i)	106,800	48,721	94,451	70,744	4,538	325,254	69,449
	(ii)	117,786	53,733	104,170	78,022	5,005	358,716	76,593
JOAN NEUHAUS	(i)	139,440	42,654	38,716	86,378	1,786	308,974	37,003
	(ii)	153,784	47,042	42,698	95,264	1,970	340,758	40,810
MARTIN HICKEY MD	(i)	184,449	67,753	135,901	17,653	4,080	409,836	51,753
	(ii)	203,423	74,723	149,881	19,469	4,499	451,995	57,077
MARIE KNEDLER	(i)	127,346	39,079	152,406	72,258	2,276	393,365	150,593
	(ii)	140,446	43,099	168,084	79,692	2,511	433,832	166,084
SHEREE KEELY	(i)	69,912	22,313	12,033	8,250	2,211	114,719	11,893
	(ii)	77,105	24,609	13,271	9,099	2,439	126,523	13,116
Elizabeth LLEWELLYN	(i)	68,971	26,127	32,156	9,528	481	137,263	23,621
	(ii)	76,067	28,815	35,464	10,509	530	151,385	26,051
PATRICIA MASEK	(i)	65,668	21,053	17,171	18,730	1,851	124,473	10,587
	(ii)	72,422	23,218	18,938	20,656	2,041	137,275	11,676
FRANK EMSICK	(i)	79,624	25,787	21,597	8,098	3,521	138,627	21,064
	(ii)	87,814	28,440	23,820	8,932	3,884	152,890	23,231
JOSEPH HOAGBIN	(i)	252,770	0	17,642	26,730	8,056	305,198	0
	(ii)	0	0	0	0	0	0	0
PAUL EBMEIER	(i)	129,370	24,001	4,358	8,051	2,746	168,526	0
	(ii)	142,678	26,470	4,807	8,879	3,028	185,862	0
SHIRLEY HUERTER MD	(i)	0	0	0	0	0	0	0
	(ii)	427,911	0	57,701	19,380	16,457	521,449	0
ENEH OKORUWA MD	(i)	371,169	131,265	22,442	19,380	17,025	561,281	0
	(ii)	0	0	0	0	0	0	0
SRIRAMAMURTHY RAVIPATI MD	(i)	467,225	0	14,791	21,830	19,540	523,386	0
	(ii)	0	0	0	0	0	0	0
Stephen Budd MD	(i)	321,623	0	15,273	16,930	19,871	373,697	0
	(ii)	0	0	0	0	0	0	0
Craig Seamands MD	(i)	253,051	0	22,555	19,380	16,453	311,439	0
	(ii)	0	0	0	0	0	0	0
NARENDRA REDDY MD	(i)	322,277	0	24,821	19,380	21,019	387,497	0
	(ii)	0	0	0	0	0	0	0
THEODORE SCHWAB	(i)	0	0	177,164	1,750	7,627	186,541	176,935
	(ii)	0	0	195,389	1,930	8,412	205,731	195,136
DUANE DAVID	(i)	0	0	99,582	0	0	99,582	99,358
	(ii)	0	0	109,827	0	0	109,827	109,579
DAVID TEW	(i)	55,705	45,025	197,742	64,347	3,115	365,934	72,577
	(ii)	61,435	49,657	218,084	70,967	3,435	403,578	80,044
Ann Jones	(i)	3,840	15,888	104,640	0	1,986	126,354	102,197
	(ii)	4,235	17,522	115,404	0	2,191	139,352	112,711
JARROD JOHNSON	(i)	4,342	13,806	86,408	1,077	1,635	107,268	82,745
	(ii)	4,789	15,227	95,297	1,188	1,803	118,304	91,258
JOHN MAY	(i)	4,713	15,692	104,680	1,262	515	126,862	100,011
	(ii)	5,199	17,306	115,449	1,391	569	139,914	110,300
PETE FESTERSEN	(i)	4,908	11,596	70,926	0	517	87,947	69,785
	(ii)	5,412	12,788	78,223	0	570	96,993	76,964
MICHAEL ANDERSON MD	(i)	4,375	14,822	53,961	1,968	332	75,458	51,312
	(ii)	4,825	16,347	59,512	2,170	366	83,220	56,591