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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 933 EAST PIERCE STREET

Room/suite

City or town, state or country, and ZIP + 4
COUNCIL BLUFFS, IA 51503

D Employer identification number
42-0680355

E Telephone number
(402) 354-4840

G Gross receipts $ 96,484,281

F Name and address of principal officer
STEVEN BAUMERT
933 EAST PIERCE STREET
COUNCIL BLUFFS, IA 51503

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BESTCARE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE AND MAINTAIN HOSPITAL AND AMBULATORY FACILITIES FOR THE CARE OF PATIENTS

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**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	862
6	Total number of volunteers (estimate if necessary)	**6**	459
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	103,050
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-51,465

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	183,469	363,964
	9 Program service revenue (Part VIII, line 2g)	91,615,939	93,487,745
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,034	238,211
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,423,074	1,325,455
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,368,516	95,415,375
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,675	4,247,754
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,917,557	40,834,635
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,691,527	49,308,706
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	91,633,759	94,391,095
	19 Revenue less expenses Subtract line 18 from line 12	1,734,757	1,024,280

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	61,188,040	61,502,198
	21 Total liabilities (Part X, line 26)	25,069,694	25,944,212
	22 Net assets or fund balances Subtract line 21 from line 20	36,118,346	35,557,986

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 — Date: 2011-11-08

LINDA BURT VICE PRES FINANCE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ 2 CENTRAL PARK PLAZA SUITE 1501 OMAHA, NE 68102				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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF JENNIE EDMUNDSON MEMORIAL HOSPITAL IS TO IMPROVE THE QUALITY OF LIFE BY CARING FOR THE BODY AND MIND JENNIE EDMUNDSON SUPPORTS ITS MISSION OF CARING FOR PEOPLE THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT HOSPITAL SERVICES ON ITS MAIN CAMPUS AT 933 EAST PIERCE STREET IN COUNCIL BLUFFS AND AT VARIOUS SATELLITE LOCATIONS THROUGHOUT SOUTHWEST IOWA

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 $ 86,011,160 including grants of $ 34,600) (Revenue $ 90,752,916)

JENNIE EDMUNDSON MEMORIAL HOSPITAL IS RESPONSIBLE FOR INTRODUCING MANY MEDICAL "FIRSTS" INTO THE SOUTHWEST IOWA COMMUNITY INCLUDING HIGH-FIELD AND LOW-FIELD MRI'S, THE LATTER OF WHICH ALLOWS JENNIE EDMUNDSON TO TREAT LARGE AND CLAUSTROPHOBIC PATIENTS JENNIE EDMUNDSON MEMORIAL HOSPITAL HAS ALSO INCORPORATED THE LATEST TECHNOLOGICAL ADVANCES TO AID IN THE EVALUATION AND DIAGNOSIS OF BREAST CANCER, INCLUDING DIGITAL MAMMOGRAPHY IN ADDITION, JENNIE EDMUNDSON'S LEETE BREAST IMAGING CENTER PROVIDES WOMEN ACCESS TO STATE-OF-THE-ART TECHNOLOGY IN BREAST IMAGING OR MAMMOGRAPHY JENNIE EDMUNDSON'S DIABETES SELF-MANAGEMENT EDUCATION, CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION FOR MEETING THE NATIONAL STANDARDS FOR DIABETES SELF MANAGEMENT EDUCATION, IS PROVIDED FOR PATIENTS WHO HAVE BEEN RECENTLY DIAGNOSED WITH DIABETES OR THOSE WHO HAVE HAD THE DISEASE FOR SOME PERIOD OF TIME INDIVIDUAL APPOINTMENTS CAN BE MADE WITH A DIABETES EDUCATOR OR DIETITIAN TO MEET EACH PATIENT'S NEEDS INCLUDING PATIENTS WITH DISABILITIES OR WHO DO NOT SPEAK ENGLISH JENNIE EDMUNDSON CARDIAC SERVICES INCLUDE SOUTHWEST IOWA'S FIRST STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB OTHER CARDIAC SERVICES OFFERED AT JENNIE EDMUNDSON MEMORIAL HOSPITAL INCLUDE HEART FAILURE PROGRAM, CARDIAC REHAB SERVICES AND INPATIENT CARE PROVIDED BY HIGHLY TRAINED CARDIAC CARE PROFESSIONALS

4b (Code) (Expenses $ 1,304,352 including grants of $ 0) (Revenue $ 3,498,897)

JENNIE EDMUNDSON'S CANCER CENTER IS THE ONLY CANCER CENTER IS SOUTHWEST IOWA ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS ALL NEWLY DIAGNOSED CANCER PATIENTS' CASES ARE PRESENTED AND REVIEWED AT THE WEEKLY CANCER CONFERENCE FOR IN-DEPTH REVIEW BY SURGEONS, RADIOLOGISTS, PATHOLOGISTS, MEDICAL AND RADIATION ONCOLOGISTS AND OTHER SPECIALIZED CARE PROVIDERS EVERY YEAR SINCE 1996, JENNIE EDMUNDSON HAS RECEIVED APPROVAL FROM THE COMMISSION ON CANCER INCLUDING MEETING PROGRAM STANDARDS, PROVIDING SUPPORT AND EDUCATION, AND DELIVERING QUALITY CARE TO ITS PATIENTS

4c (Code) (Expenses $ 90,275 including grants of $ 0) (Revenue $ 0)

THROUGH ITS FAMILY RESOURCE CENTER, JENNIE EDMUNDSON PROVIDES KEY LEADERSHIP TO IOWA'S SHAKEN BABY TASK FORCE JENNIE EDMUNDSON EMPLOYEES WORK HAND-IN-HAND WITH TASK FORCE LEADERSHIP IN DISTRIBUTING INFORMATION AND MAKING PRESENTATIONS AIMED AT INCREASING PUBLIC AWARENESS OF THE DANGERS ASSOCIATED WITH SHAKEN BABY SYNDROME THE FAMILY RESOURCE CENTER ALSO MAKES HEALTH-RELATED EDUCATIONAL MATERIALS AVAILABLE TO INDIVIDUALS AND THE COMMUNITY EITHER AT THE MAIN CAMPUS OR THROUGH THE WEBSITE AT WWW BESTCARE ORG

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 87,405,787

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	33		
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?			1c	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	862		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		No

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

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LINDA BURT
8511 WEST DODGE ROAD
OMAHA, NE 68114
(402) 354-4840

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOHN P NELSON CHAIRMAN	1 00	X		X				0	0	0
(2) EMMA CHANCE VICE CHAIRMAN	1 00	X		X				0	0	0
(3) ALLAN G LOZIER TREASURER	1 00	X		X				0	0	0
(4) DAN KINNEY PHD SECRETARY	1 00	X		X				0	0	0
(5) BONNIE BOLTE DIRECTOR	1 00	X						0	0	0
(6) WILLIAM SHIFFERMILLER MD DIRECTOR	1 00	X						0	475,490	96,025
(7) JOHN G SOUTHARD MD PHD DIRECTOR	1 00	X						27,500	0	0
(8) SPENCER C STEVENS DIRECTOR	1 00	X						0	0	0
(9) LAWRENCE F UEBNER DIRECTOR	1 00	X						0	0	0
(10) VELDA WEEKS DIRECTOR	1 00	X						0	0	0
(11) THOMAS D WHITSON DIRECTOR	1 00	X						0	0	0
(12) MICHAEL ZLOMKE MD DIRECTOR	1 00	X						4,002	0	0
(13) STEVEN BAUMERT PRESIDENT	40 00			X				0	268,276	68,233
(14) LINDA BURT VICE PRES-FINANCE & CFO	40 00			X				0	369,171	90,349
(15) JAMES CHAMBERS EXEC CLINICAL AFFAIRS	40 00					X		142,225	0	20,236
(16) CRAIG HANSEN MD PHYSICIAN	40 00					X		206,461	0	15,134

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) MICHAEL ROMANO MD PHYSICIAN /EXEC MED AFFAIR	40 00					X		180,481	0	34,924
(18) PEGGY HELGET EXEC PATIENT SVCS	40 00					X		138,788	0	17,375
(19) SAMUEL OAKES PHARMACIST	40 00					X		134,043	0	30,409
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								833,500	1,112,937	372,685

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 ▶ 17

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
PATHLAB LTD 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	MEDICAL	6,303,287
EMERGENCY PHYSICIANS WESTERN IOWA LLC 2015 SOUTH 86 AVENUE OMAHA, NE 68124	MEDICAL	1,580,629
HORIZON HEALTH MANAGEMENT P O BOX 840839 DALLAS, TX 75284	MEDICAL	672,304
ACCELECARE WOUND CENTERS INC P O BOX 840703 DALLAS, TX 75284	MEDICAL	393,087
PSYCHIATRIC SERVICES OF WESTERN IOWA PC 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	MEDICAL	330,000

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 ▶ 13

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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					
	c Fundraising events 1c					
	d Related organizations . . . 1d	184,858				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	179,106				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		363,964			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	621990	92,861,397	92,861,397		
	b OTHER PATIENT REVENUE	621990	626,348	626,348		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		93,487,745			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		215,736			215,736
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	1,338,821				
	b Less rental expenses	943,840				
	c Rental income or (loss)	394,981				
	d Net rental income or (loss) . . . . . ▶		394,981			394,981
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	22,475				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	22,475				
	d Net gain or (loss) . . . . . ▶		22,475			22,475
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	188,422				
	b Less cost of goods sold . . b	125,066				
	c Net income or (loss) from sales of inventory . . ▶		63,356			63,356
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722210	638,712	638,712		
	b DAYCARE	624410	183,037	79,987	103,050	
	c TUITION REVENUE	611600	45,369	45,369		
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		867,118			
	12 **Total revenue.** See Instructions . . . ▶		95,415,375	94,251,813	103,050	696,548

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	25,100	25,100		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	4,222,654	4,222,654		
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	801,998	801,998		
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	30,578,942	30,578,942		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,691,487	1,691,487		
9 Other employee benefits	5,491,135	5,491,135		
10 Payroll taxes	2,271,073	2,271,073		
a Fees for services (non-employees) Management				
b Legal	65,114		65,114	
c Accounting				
d Lobbying	21,753		21,753	
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	623		623	
g Other	8,949,006	8,949,006		
12 Advertising and promotion	177,088	177,088		
13 Office expenses	15,650,588	15,650,588		
14 Information technology	32,458	32,458		
15 Royalties				
16 Occupancy	3,894,117	3,894,117		
17 Travel	51,187	51,187		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	118,429	118,429		
20 Interest	458,426	458,426		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,500,679	4,500,679		
23 Insurance	792,838	792,838		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ALLOCATIONS	6,897,818		6,897,818	
b PROVISION FOR BAD DEBTS	4,218,077	4,218,077		
c MEDICAL SUPPLIES	2,259,389	2,259,389		
d POSTAGE	235,422	235,422		
e BOOKS & SUBSCRIPTIONS	226,390	226,390		
f All other expenses	759,304	759,304		
25 **Total functional expenses.** Add lines 1 through 24f	94,391,095	87,405,787	6,985,308	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,342,240	1	1,629,133
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,600,462	4	12,979,014
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	60,505	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net	552,694	7	343,262
	8	Inventories for sale or use	720,619	8	1,044,401
	9	Prepaid expenses and deferred charges	480,544	9	693,633
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 122,042,373			
	b	Less accumulated depreciation — 10b: 82,963,002	41,840,852	10c	39,079,371
	11	Investments—publicly traded securities	2,334,893	11	2,274,091
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	881,321	13	892,199
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	373,910	15	2,567,094
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	61,188,040	16	61,502,198
Liabilities	17	Accounts payable and accrued expenses	9,202,728	17	9,981,779
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	8,765,518	20	7,532,841
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	7,101,448	25	8,429,592
	26	**Total liabilities.** Add lines 17 through 25	25,069,694	26	25,944,212
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	35,386,074	27	34,899,020
	28	Temporarily restricted net assets	632,272	28	558,966
	29	Permanently restricted net assets	100,000	29	100,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	36,118,346	33	35,557,986
	34	Total liabilities and net assets/fund balances	61,188,040	34	61,502,198

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	95,415,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	94,391,095
3	Revenue less expenses Subtract line 2 from line 1	3	1,024,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	36,118,346
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,584,640
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,557,986

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
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 separate basis, consolidated 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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

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 described in **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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
JENNIE EDMUNDSON MEMORIAL HOSPITAL	42-0680355

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 ▶ $ _____

3 Volunteer hours _____

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 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

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 funtion 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **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		
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-		

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

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? ☐ Yes ☐ 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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) Yes	(a) No	(b) 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		21,753
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			21,753
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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

2a Did the organization include an amount on 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	183,700	257,776	257,776		
b Contributions		83,700			
c Investment earnings or losses	1,784				
d Grants or scholarships					
e Other expenditures for facilities and programs		-157,776			
f Administrative expenses					
g End of year balance	185,484	183,700	257,776		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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		2,807,651		2,807,651
b Buildings		71,598,728	43,067,208	28,531,520
c Leasehold improvements				
d Equipment				
e Other		47,635,994	39,895,794	7,740,200
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				39,079,371

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
(1) Financial derivatives		
(2) 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
MINIMUM PENSION LIABILITY	7,081,389
COND ASSET RETIREMENT OBLIGATION	542,850
ESTIMATED THIRD PARTY PAYABLE	805,353
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,429,592

2. Fin 48 (ASC 740) 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 (ASC740)

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS INCLUDE ENDOWMENT FUNDS WHICH ARE INTENDED TO BE HELD IN PERPETUITY THE INCOME ON SUCH FUNDS IS EXPENDABLE FOR THE BENEFIT OF JENNIE EDMUNDSON MEMORIAL HOSPITAL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	JENNIE EDMUNDSON MEMORIAL HOSPITAL 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 JUDGMENT OCCURS NO CHANGES WERE MADE TO THE FINANCIAL STATEMENTS DUE TO FIN48

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other ____ %			
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care	3b	Yes	
	☑ Other 600.000000000000 % ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400%			
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			2,953,656	0	2,953,656	3 280 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			1,212,099	0	1,212,099	1 340 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0		
d **Total** Financial Assistance and Means-Tested Government Programs			4,165,755		4,165,755	4 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			571,805	0	571,805	0 630 %
f Health professions education (from Worksheet 5)			190,820	0	190,820	0 210 %
g Subsidized health services (from Worksheet 6)			2,310,343	0	2,310,343	2 560 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions to community groups (from Worksheet 8)			30,864	0	30,864	0 030 %
j **Total** Other Benefits			3,103,832		3,103,832	3 430 %
k **Total.** Add lines 7d and 7j			7,269,587		7,269,587	8 050 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,274,703		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	25,967,218
6	Enter Medicare allowable costs of care relating to payments on line 5	6	31,084,354
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,117,136
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		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	JENNIE EDMUNDSON MEMORIAL HOSPITAL 933 EAST PIERCE STREET COUNCIL BLUFFS,IA 51503	X	X		X			X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descrption required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE METHODS PRIMARILY USED ARE THE RATIO OF COST TO CHARGES, FINANCIAL INFORMATION FROM THE MEDICARE COST REPORT AND ACTUAL EXPENDITURES INFORMATION FOR FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID REPORT THE NET OF GROSS PATIENT CHARGES WITH THE COST TO CHARGES RATIO APPLIED INFORMATION ON PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, SUBSIDIZED HEALTH SERVICES AND IN-KIND DONATIONS IS COLLECTED THROUGH THE YEAR USING THE COMMUNITY BENEFITS INVENTORY SOCIAL ACCOUNTABILITY SOFTWARE WHICH FOLLOWS CATHOLIC HEALTH ASSOCIATION(CHA) GUIDELINES FOR COMMUNITY BENEFITS REPORTING AMOUNTS SHOWN AS COMMUNITY BENEFIT ARE AT COST LESS ANY REVENUE EXCLUSIVE OF ANY GRANTS CASH AND IN-KIND DONATIONS THAT SUPPORT FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE INCLUDED IN CONTRIBUTIONS
		PART I, LINE 7G A SUBSIDIZED HEALTH BENEFIT IS CALCULATED FOR DEPARTMENTS AND SERVICES RECOGNIZING THESE AREAS OPERATE AT A NEGATIVE MARGIN EMERGENCY ROOM, TRANSPORT SERVICES, AND CLINICS IN UNDERSERVED AREAS ARE SERVICES THAT OPERATE AT NEGATIVE MARGINS
		PART I, L7 COL(F) THE METHOD USED TO REPORT THE AMOUNT IN PART I, LINE 7, COLUMN (F) THE PERCENTAGE IS ARRIVED AT BY DIVIDING NET COMMUNITY BENEFIT EXPENSES IN COLUMN (E) BY THE SUM OF THE AMOUNTS ON FORM 990, PART IX, LINE 25, COLUMN (A) LESS BAD DEBT EXPENSE OF $4,218,077
		PART II COMMUNITY BUILDING ACTIVITIES INCLUDES PARTICIPATION IN COMMUNITY ORGANIZATIONS AND PARTNERSHIPS WITH ORGANIZATIONS WITH THE COMMON GOAL OF IMPROVING COMMUNITY HEALTH JENNIE EDMUNDSON PERSONNEL OFFER THEIR LEADERSHIP SKILLS, TIME AND ASSISTANCE IN PROMOTING THE ECONOMIC DEVELOPMENT OF THE COUNCIL BLUFFS COMMUNITY THROUGH PARTICIPATION IN AND WITH THE LOCAL CHAMBER OF COMMERCE AND OTHER CIVIC ORGANIZATIONS
		PART III, LINE 4 FOOTNOTE TO FINANCIAL STATEMENTS DESCRIBING BAD DEBT EXPENSE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT PERIODICALLY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE JENNIE EDMUNDSON MEMORIAL HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES SELF PAY ACCOUNTS ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT THE TIME OF TRANSFER TO THE COLLECTION AGENCY
		PART III, LINE 8 MEDICARE COST REPORT FOR 2010 AS FILED
		PART III, LINE 9B COLLECTION PRACTICES FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE THE HOSPITAL BILLS ALL THIRD PARTY RESOURCES THAT MAY BE ABLE TO PROVIDE REIMBURSEMENT FOR CARE PROVIDED TO PATIENTS THIS INCLUDES, BUT IS NOT LIMITED TO, COMMERCIAL INSURANCE, MEDICARE, MEDICAID, COUNTY GOVERNMENT AND OTHER GOVERNMENT PROGRAMS, AND ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO OR DURING THE TIME OF SERVICE THOSE PATIENTS ARE ENCOURAGED TO COMPLETE AN APPLICATION FOR FINANCIAL ASSISTANCE JENNIE EDMUNDSON HOSPITAL HAS ADOPTED A PROCEDURE FOR THOSE SITUATIONS WHERE A PATIENT POTENTIALLY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT OR CANNOT COMPLETE THE APPLICATION THIS PROCEDURE, REFERRED TO AS THE PRESUMPTIVE CHARITY PROCESS, IS FOLLOWED BY HOSPITAL PERSONNEL AS WELL AS THIRD-PARTY VENDORS ASSISTING WITH SELF-PAY COLLECTIONS SOME OF THE INDIVIDUAL LIFE CIRCUMSTANCES THAT HAVE BEEN ESTABLISHED AS INDICATORS OF PRESUMPTIVE ELIGIBILITY INCLUDE PARTICIPATION IN STATE-FUNDED PRESCRIPTION PROGRAMS, RECEIVING CARE FROM A HOMELESS PERSONS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAMS, FOOD STAMP ELIGIBILITY, ELIGIBILITY FOR SUBSIDIZED SCHOOL LUNCH PROGRAM, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G MEDICAID SPEND-DOWN), LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS VALID ADDRESSTHE HOSPITAL STAFF, AS WELL AS VENDORS UTILIZED FOR SELF-PAY COLLECTIONS, HAVE BEEN TRAINED TO IDENTIFY INDICATORS OF PRESUMPTIVE ELIGIBILITY AND DOCUMENT SUCH AS SUPPORT FOR A FINANCIAL ASSISTANCE DETERMINATION
		PART I, LINE 6A AND 6B ANNUAL COMMUNITY BENEFIT REPORT NEBRASKA METHODIST HEALTH SYSTEM PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT WHICH INCLUDES INFORMATION ON COMMUNITY BENEFITS ACTIVITIES FROM ALL AFFILIATES IN ADDITION, A QUARTERLY PUBLICATION, "CHART" ADDRESSES ONGOING COMMUNITY BENEFIT ACTIVITIES THE WEBSITE "METHODISTCHART ORG" IS DEDICATED TO JENNIE EDMUNDSON MEMORIAL HOSPITAL AND NEBRASKA METHODIST HEALTH SYSTEM AFFILIATES' COMMUNITY WORKS IT PROVIDES INFORMATION ABOUT THE SUCCESSES IN IMPACTING THE COMMUNITY'S OVERALL HEALTH PART VI, LINE 7 NO DIRECT REPORT IS PROVIDED TO THE STATE OF IOWA HOWEVER, INFORMATION FROM THE HOSPITAL'S COMMUNITY BENEFITS DATA IS INCLUDED IN A REPORT COMPILED BY THE IOWA HOSPITAL ASSOCIATION IN ADDITION A COPY OF THE FORM 990 IS PROVIDED TO THE IOWA LEGISLATIVE AGENCY AND THE IOWA DEPARTMENT OF PUBLIC HEALTH
		PART VI, LINE 2 BROAD-BASED COMMUNITY HEALTH AND OUTREACH INTIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN WITH KEY HEALTH NEEDS IDENTIFIED BY LIVEWELL OMAHA LIVEWELL OMAHA IS A COLLABORATION OF LOCAL ORGANIZATIONS, IN WHICH NEBRASKA METHODIST HEALTH SYSTEM PARTICIPATES, WHICH IS DEDICATED TO IMPROVING THE HEALTH OF THOSE WHO LIVE AND WORK IN THE METROPOLITAN AREA
		PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FINANCIAL ASSISTANCE BROCHURES ARE INCLUDED IN ALL INPATIENT ADMISSION PACKETS JENNIE EDMUNDSON HOSPITAL CONTRACTS WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS HOSPITAL FINANCIAL COUNSELORS AND ELIGIBILITY SERVICE PERSONNEL ARE CONVENIENTLY LOCATED AT THE HOSPITAL FOR PRIVATE CONSULTATION FOR BOTH INPATIENT AND OUTPATIENT COUNSELING THE COUNSELORS ARE INCLUDED IN THE ADMISSION/DISCHARGE PROCESS TO INSURE THAT THE PATIENT IS FULLY INFORMED ABOUT THE PROCESS AND TO HELP THE PATIENT DETERMINE WHAT ASSISTANCE MAY BE NEEDED AND WHAT IS AVAILABLE TO THEM THE HOSPITAL CUSTOMER SERVICE UNIT IS ALSO TRAINED TO ASSIST PATIENTS WITH FINANCIAL NEEDS PATIENTS WHO CONTACT THE UNIT EXPRESSING DIFFICULTY IN MEETING THEIR FINANCIAL OBLIGATION ARE ASSESSED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE APPROPRIATE RESOURCES ARE USED TO PROVIDE EFFECTIVE COMMUNICATION WITH NON-ENGLISH SPEAKING PATIENTS INCLUDING CYRACOM LANGUAGE LINE SYSTEM THAT PROVIDES 24-HOUR ACCESS TO SEVERAL HUNDRED DIFFERENT LANGUAGE INTERPRETERS OTHER RESOURCES INCLUDE HOPE MEDICAL OUTREACH AND ON-SITE STAFF OR CONTRACTED INTERPRETER SERVICES THE HOSPITAL PROVIDES FOR INTERPRETATIVE SERVICES AT NO COST TO THE PATIENT
		PART VI, LINE 4 JENNIE EDMUNDSON SERVES COUNCIL BLUFFS, IOWA AND SURROUNDING COMMUNITIES IN SOUTHWESTERN IOWA
		PART VI, LINE 6 PROMOTING COMMUNITY HEALTH JENNIE EDMUNDSON'S BOARD OF DIRECTORS PROVIDES OVERSITE OF ALL OPERATIONS IT IS COMPOSED OF COMMUNITY LEADERS WITH DIVERSE BACKGROUNDS WITH A COMBINATION OF THOSE WITH LONGEVITY ON THE BOARD AND THOSE WHO ARE NEWER MEMBERS THERE IS PHYSICIAN INVOLVEMENT WHICH ENHANCES THE ABILITY TO BE LEADERS IN MEDICAL SERVICES MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS TO PROMOTE A UNIFORM STANDARD OF QUALITY PATIENT CARE, TREATMENT AND SERVICES JENNIE EDMUNDSON AND 20 OTHER ORGANIZATIONS IN THE COMMUNITY HAVE UNITED IN THE SHAKEN BABY TASK FORCE IN A COMMUNITY EFFORT TO PREVENT SHAKEN BABY SYNDROME THE TASK FORCE, LED BY MEMBERS OF THE STAFF OF JENNIE EDMUNDSON HOSPITAL, DEVELOPED A COPYRIGHTED CURRICULUM, VIDEO AND SAFEBABY ORG WEBSITE AND THE NATION'S ONLY 24-HOUR DEDICATED CRYING BABY HOTLINE THE VIDEO "SHAKEN BABIES SHATTERED LIVES" IS FREE ON REQUEST AND HAS BEENSENT TO REQUESTERS IN 24 STATES AND FIVE COUNTRIES OUTSIDE THE UNITED STATES INCLUDING CANADA, THE PHILLIPPINES, THE NETHERLANDS AND RUSSIA SHAKEN BABY SYNDROME (SBS) IS CAUSED BY THE VIOLENT SHAKING OF A BABY OR A YOUNG CHILD, CAUSING THE HEAD TO FLOP BACK AND FORTH THIS WHIPLASH MOTION CAN SLAM THE BRAIN AGAINST THE INSIDE OF THE SKULL AND TEAR BLOOD VESSELS BRAIN SWELLING AND INTERNAL BLEEDING FROM INJURY CAUSES BRAIN TISSUE TO TEAR BABIES UNDER THE AGE OF 6 MONTHS ARE AT THE HIGHEST RISK OF SBS, BUT IT CAN AFFECT CHILDREN UP TO THE AGE OF 3 DEPENDING ON MUSCLE DEVELOPMENT STAFF MAKE REGULAR PRESENTATIONS AT SCHOOLS FROM ELEMENTARY THROUGH COLLEGE, COMMUNITY AGENCIES, CIVIC GROUPS AND CHURCH GROUPS ON THE TOPIC OF SHAKEN BABY SYNDROME IN 2010 THE HELPLINE RECEIVED 194 CALLS FROM CAREGIVERS, PARENTS AND BABY SITTERS 32,256 COPIES OF EDUCATIONAL MATERIALS WERE DISTRIBUTED PARENTS ARE PROVIDED WITH A "NEW PARENT RESOURCE" BAG WHICH INCLUDES HELPFUL INFORMATION ABOUT SERVICES AND RESOURCES AVAILABLE TO THEM THE FAMILY RESOURCE CENTER AT JENNIE EDMUNDSON HOSPITAL PROVIDED INFORMATION TO PATIENTS, COMMUNITY AND EMPLOYEES ABOUT SMOKING CESSATION IN AN EFFORT TO MOVE THE INDICATOR RELATING TO LUNG CANCER AND LUNG DISEASES IN 2010, 37,599 COPIES OF SUCH MATERIALS WERE DISTRIBUTED THE TOP FIVE TOPICS MOST REQUESTED RELATED TO NUTRITION, CANCER, CARDIOVASCULAR ISSUES, SUPPORT GROUPS AND SMOKING CESSATION JENNIE EDMUNDSON HOSPITAL HOLDS AN ANNUAL FREE SKIN CANCER SCREENING PHYSICIANS CONDUCT A SPOT CHECK OR FULL-BODY EXAM, BUT PARTICIPANTS ARE NOT REQUIRED TO UNDERGO A COMPLETE EXAM IF IT IS NOT DESIRED A COPY OF THE SCREENING RESULTS ARE SENT TO EACH PARTICIPANT INFORMATION ON THE PREVENTION OF SKIN CANCER IS ALSO AVAILABLE JENNIE EDMUNDSON'S COMMITMENT TO SOUTHWEST IOWA EXTENDS TO A WIDE VARIETY OF OTHER ANNUAL SCREENING PROGRAMS COVERING PROSTATE CANCER, COLORECTAL CANCER, BREAST CANCER AND CERVICAL CANCER IN ADDITION, PHYSICIANS AND HOSPITAL STAFF PROVIDE EDUCATIONAL PROGRAMS TO ORGANIZATIONS AND AT COMMUNITY EVENTS
		PART VI, LINE 7 THE NEBRASKA METHODIST HEALTH SYSTEM INCLUDES JENNIE EDMUNDSON MEMORIAL HOSPITAL AND JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION, NEBRASKA METHODIST HOSPITAL, NEBRASKA METHODIST HEALTH SYSTEM, PHYSICIANS CLINIC INC , NEBRASKA METHODIST COLLEGE OF NURSING AND NEBRASKA METHODIST HOSPITAL FOUNDATION AS A GROUP, THESE ENTITIES ARE COMMITTED TO CARING FOR THE PEOPLE OF THE COMMUNITY BY PROVIDING OUTSTANDING HEALTH CARE, EDUCATIONAL OPPORTUNITIES AND SUPPORT SERVICES TO FULFILL OUR MISSION OF CARING FOR PEOPLE, AFFILIATES HAVE DEVELOPED A VARIETY OF WAYS TO CONTE CARE AND HEALTH-RELATED EDUCATION TO THE POOR, TO MINORITIES, AND TO OTHER UNDERSERVED GROUPS AS WELL AS TO THE BROADER COMMUNITY BROAD-BASED COMMUNITY HEALTH AND OUTREACH INTIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN CLOSELY WITH THE HEALTH NEEDS IDENTIFIED BY LIVEWELL OMAHA, A COLLABORATIVE ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF THOSE WHO LIVE AND WORK IN THE METROPOLITAN OMAHA AREA THE LIST OF COMMUNITY BENEFITS PROGRAMS AND PROJECTS CONTINUALLY EVOLVES TO KEEP PACE WITH CHANGING TIMES, RESOURCES AND COMMUNITY NEEDS AS INDIVIDUAL AFFILIATES, A UNIFIED HEALTH SYSTEM AND AN ACTIVE PARTNER WITH OTHER COMMUNITY AND GOVERNMENTAL AGENCIES, JENNIE EDMUNDSON MEMORIAL HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND QUALIFY OF LIFE OF THE RESIDENTS OF THIS COMMUNITY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) IOWA WESTERN COMMUNITY COLLEGE FOUNDATION2700 COLLEGE ROAD COUNCIL BLUFFS, IA 51503	42-1224333	501(C)(3)	10,500				EDUCATION / SCHOLARSHIPS
(2) IOWA LEGAL AID SOCIETY532 FIRST AVENUE SUITE 300 COUNCIL BLUFFS, IA 51503	42-1079277	501(C)(3)	10,000				COMMUNITY NEED

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

3 Enter total number of other organizations . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	14	34,700			
(2) CHARITY CARE	6141		4,187,954	BOOK	FINANCIAL ASSISTANCE TO PATIENTS

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 JENNIE EDMUNDSON MEMORIAL HOSPITAL ONLY PROVIDES GRANTS TO IRC SECTION 501(C)(3) ORGANIZATIONS TO ENSURE THE FUNDS ARE USED FOR EXEMPT PURPOSES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM SHIFFERMILLER MD	(i)	0	0	0	0	0	0	0
	(ii)	285,259	554	189,677	80,229	19,736	575,455	157,790
(2) STEVEN BAUMERT	(i)	0	0	0	0	0	0	0
	(ii)	213,433	15,000	39,843	51,255	18,285	337,816	0
(3) LINDA BURT	(i)	0	0	0	0	0	0	0
	(ii)	333,520	15,030	20,621	83,219	8,437	460,827	0
(4) JAMES CHAMBERS	(i)	142,195	30	0	15,199	5,957	163,381	0
	(ii)	0	0	0	0	0	0	0
(5) CRAIG HANSEN MD	(i)	64,298	92,163	50,000	7,937	7,603	222,001	0
	(ii)	0	0	0	0	0	0	0
(6) MICHAEL ROMANO MD	(i)	163,886	95	16,500	13,434	22,410	216,325	0
	(ii)	0	0	0	0	0	0	0
(7) PEGGY HELGET	(i)	138,758	30	0	10,558	7,737	157,083	0
	(ii)	0	0	0	0	0	0	0
(8) SAMUEL OAKES	(i)	130,986	30	3,027	14,660	16,389	165,092	0
	(ii)	0	0	0	0	0	0	0
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2010 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS STEVEN BAUMERT $21,905 ACCRUAL LINDA BURT $66,959 ACCRUAL WILLIAM SHIFFERMILLER MD $34,188 ACCRUAL AND PLAN DISTRIBUTION OF $157,790

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		UNDER THE ARTICLES OF INCORPORATION OF JENNIE EDMUNDSON MEMORIAL HOSPITAL, AS RESTATED ON APRIL 29, 1994, THE WOMEN'S CHRISTIAN ASSOCIATION OF IOWA, AN IOWA NON-PROFIT CORPORATION IS A SPONSORING MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL UNDER THE SAME ARTICLES OF INCORPORATION, NEBRASKA METHODIST HEALTH SYSTEM INC ,A NEBRASKA NON-PROFIT CORPORATION, IS A CORPORATE MEMBER OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		UNDER THE ARTICLES OF INCORPORATION OF JENNIE EDMUNDSON MEMORIAL HOSPITAL, AS RESTATED ON APRIL 29 1994, THE WOMEN'S CHRISTIAN ASSOCIATION OF COUNCIL BLUFFS, IOWA, AN IOWA NON-PROFIT CORPORATION, IS A SPONSORING MEMBER OF THE ORGANIZATION AND HAS THE RIGHT TO NOMINATE TWO (2) OF ITS MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS LIKEWISE, THE NEBRASKA METHODIST HEALTH SYSTEM INC HAS THE RIGHT TO NOMINATE TO THE HOSPITAL'S BOARD OF DIRECTORS THE NUMBER OF DIRECTORS THAT IS ONE (1) LESS THAN A MAJORITY OF THE SEATS ON THE BOARD OF DIRECTORS NEBRASKA METHODIST HEALTH SYSTEM ALSO HAS THE RIGHT TO APPROVE ALL OF THE DIRECTORS NOMINATED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE NEBRASKA METHODIST HEALTH SYSTEM AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE JENNIE EDMUNDSON HOSPITAL BOARD WHO REVIEWED IT IN DETAIL THE COMMITTEES REPORTED TO THE BOARD OF DIRECTORS ON THEIR REVIEW OF THE FEDERAL FORM 990 A COPY WAS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW THROUGH A SECURE INTERNET PORTAL INFORMATION FOR THE FORM 990 IS GATHERED FROM APPROPRIATE RESPONSIBLE PARTIES THROUGHOUT THE ORGANIZATION INCLUDING FINANCE, HUMAN RESOURCES AND CORPORATE COMPLIANCE DEPARTMENTS, IS REVIEWED BY EXTERNAL TAX ADVISORS AND HAS FINAL REVIEW BY THE CHIEF FINANCIAL OFFICER FOR THE NEBRASKA METHODIST HEALTH SYSTEM AND THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES PURSUANT TO THE METHODIST HEALTH SYSTEM CONFLICTS OF INTEREST POLICY WHICH REQUIRES THE DISCLOSURE OF ALL CONFLICTS OF INTEREST, NOT JUST FINANCIAL, THAT COULD GIVE RISE TO CONFLICTS WITH THE ORGANIZATION SHOULD A CONFLICT BE IDENTIFIED, THE OFFICER, DIRECTOR OR KEY EMPLOYEE IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THE MATTER AND IS NOT COUNTED IN DETERMINING THE QUORUM FOR A MEETING AT WHICH THE MATTER IS DISCUSSED A POTENTIAL CONFLICT OF INTEREST ONCE IDENTIFIED MUST BE EVALUATED ON A CASE BY CASE BASIS IN ORDER TO APPROVE THE TRANSACTION WHICH INVOLVES A DIRECT CONFLICT OF INTEREST, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DIRECTORS FOR WHOM NO CONFLICT EXISTS, AT A MEETING AT WHICH A QUORUM IS PRESENT, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE BEST INTERESTS OF JENNIE EDMUNDSON MEMORIAL HOSPITAL AND/OR ITS HEALTH SYSTEM AFFILIATES, IS FAIR AND REASONABLE AND, AFTER INVESTIGATION, THE DIRECTORS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	JENNIE EDMUNDSON MEMORIAL HOSPITAL IS AN AFFILIATED MEMBER OF THE NEBRASKA METHODIST HEALTH SYSTEM POLICIES ARE CENTRALIZED AT NEBRASKA METHODIST HEALTH SYSTEM INC METHODIST HEALTH SYSTEM, WITH WHICH JENNIE EDMUNDSON IS AFFILIATED, RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL OFFICER COMPENSATION FOR EACH AFFILIATE UNDER THIS PROCESS, MARKET DATA ON COMPENSATION IS GATHERED AND ANALYZED AND COMPENSATION RANGES ARE SET THE INFORMATION IS THEN PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF NEBRASKA METHODIST HEALTH SYSTEM INC , A NEBRASKA NON-PROFIT CORPORATION AND A VOTING MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL ALL OFFICER COMPENSATION IS REVIEWED, EVALUATED AND APPROVED BY THIS COMMITTEE PHYSICIAN COMPENSATION IS COMPARED TO NATIONAL COMPENSATION SURVEY DATA, SUCH AS MGMA OR OTHER RELIABLE COMPARABILITY DATA THE POLICY ON "PHYSICIAN COMPENSATION" IS FOLLOWED WHEN CONTRACTING WITH PHYSICIANS TO ENSURE APPROPRIATE APPROVALS, INCLUDING APPROVAL BY THE BOARD OF DIRECTORS, ARE OBTAINED WHEN WARRANTED OPINIONS OF FAIR MARKET VALUE REGARDING A PARTICULAR COMPENSATION ARRANGEMENT OR TRANSACTION MAY ALSO BE OBTAINED FROM REPUTABLE, INDEPENDENT VALUATION CONSULTANTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE FORM 1023 WAS FILED PRIOR TO 7/15/87 AND NEED NOT BE MADE PUBLICLY AVAILABLE A COPY OF THE IRS LETTER 947 WILL BE PROVIDED UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS SEPARATELY AVAILABLE TO THE PUBLIC HOWEVER, ARTICLES OF INCORPORATION FOR THE ORGANIZATION ARE AVAILABLE THROUGH THE IOWA SECRETARY OF STATE'S WEBSITE THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH THE IRS FORM 990 AND FORM 990-T THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING THE COMMUNITY BENEFITS IT PROVIDES AS PART OF THE METHODIST HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT THIS REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW BESTCARE ORG

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 137,111 CHANGE IN MINIMUM PENSION LIABILITY -1,524,971 NET ASSETS RELEASED FOR OPERATIONS -208,317 TRANSFER TO AFFILIATES 7,571 INCOME REPORTED ON SEPARATE TAX RETURN 3,966 TOTAL TO FORM 990, PART XI, LINE 5 -1,584,640

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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
(1) HEALTHCARE PARTNERS OF WESTERN IOWA 933 EAST PIERCE STREET COUNCIL BLUFFS, IA51503 42-1411452	MANAGED CARE CONTRACTING	IA	N/A	C		400	100 000 %
(2) SHARED SERVICE SYSTEMS INC 8511 W DODGE ROAD OMAHA, NE68114 47-0649534	MEDICAL SUPPLY DISTRIBUTION & LAUNDRY	NE	N/A	C			
(3) METHODIST HEALTH PARTNERS 8511 W DODGE ROAD OMAHA, NE68114 47-0797563	MANAGED CARE CONTRACTING	NE	N/A	C			

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION	C	184,858	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 42-0680355
Name: JENNIE EDMUNDSON MEMORIAL HOSPITAL

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 42-1439454	SUPPORT OF JENNIE EDMUNDSON HOSPITAL	IA	501 (C) (3)	L11 I	JENNIE EDMUNDSON MEMORIAL HOSPITAL	Yes	
WOMEN'S CHRISTIAN ASSOCIATION OF COUNCIL BLUFFS IOWA 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 93-0957829	MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL	IA	501 (C) (3)	L11 III-O	N/A		No
NEBRASKA METHODIST HEALTH SYSTEM INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0639839	ADMINISTRATIVE SUPPORT	NE	501 (C) (3)	L11 III-FI	N/A		No
NEBRASKA METHODIST HOSPITAL 8511 W DODGE ROAD OMAHA, NE 68114 47-0376604	LICENSED HOSPITAL	NE	501 (C) (3)	L3	NEBRASKA METHODIST HEALTH SYSTEM INC		No
NEBRASKA METHODIST COLLEGE OF NURSING & ALLIED HEALTH 8511 W DODGE ROAD OMAHA, NE 68114 47-0724387	EDUCATIONAL INSTITUTION	NE	501 (C) (3)	L2	NEBRASKA METHODIST HOSPITAL		No
NEBRASKA METHODIST HEALTH SYSTEM SELF INSURANCE TRUST FUND 8511 W DODGE ROAD OMAHA, NE 68114 36-3699672	INSURANCE	NE	501(C)(3)	L11 III-FI	NEBRASKA METHODIST HEALTH SYSTEM INC		No
REAL ESTATE HOLDINGS 8511 W DODGE ROAD OMAHA, NE 68114 47-0649790	PROPERTY MANAGEMENT	NE	501(C)(2)		NEBRASKA METHODIST HEALTH SYSTEM INC		No
PHYSICIANS CLINIC INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0687317	CLINICAL HEALTH CARE	NE	501 (C) (3)	L9	NEBRASKA METHODIST HEALTH SYSTEM INC		No
NEBRASKA METHODIST HOSPITAL FOUNDATION 8511 W DODGE ROAD OMAHA, NE 68114 47-0595345	SUPPORT OF NEBRASKA METHODIST HOSPITAL	NE	501 (C) (3)	L7	NEBRASKA METHODIST HEALTH SYSTEM INC		No