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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

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

C Name of organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6901 NORTH 72ND STREET

City or town, state or country, and ZIP + 4
OMAHA, NE 681221799

D Employer identification number
47-0376615

E Telephone number
(402) 343-4323

G Gross receipts $ 286,512,493

F Name and address of Principal Officer
SCOTT M WOOTEN
12809 WEST DODGE
OMAHA, NE 68154

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW ALEGENT COM

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1904

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH QUALITY CARE FOR THE BODY, MIND AND SPIRIT OF EVERY PERSON

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	1,896
6	Total number of volunteers (estimate if necessary)	6	388
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	74,876
b	Net unrelated business taxable income from Form 990-T, line 34	7b	20,101

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,639,790	1,988,967
	9 Program service revenue (Part VIII, line 2g)	257,991,045	270,208,224
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,490,459	-6,005,991
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,191,526	6,211,478
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,312,820	272,402,678
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,460	20,718,573
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,711,546	130,571,897
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 79,978)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	113,819,264	105,002,022
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	236,553,270	256,292,492
	19 Revenue less expenses Subtract line 18 from line 12	44,759,550	16,110,186
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
	20 Total assets (Part X, line 16)	500,286,555	434,719,975
	21 Total liabilities (Part X, line 26)	71,471,835	66,898,198
	22 Net assets or fund balances Subtract line 21 from line 20	428,814,720	367,821,777

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

Please Sign Here

Signature of officer — Date: 2010-05-14

Scott M Wooten SENIOR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Heidi Kriete	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP TWO CENTRAL PARK PLAZA SUITE 1501 OMAHA, NE 681021626			EIN ▶ Phone no ▶ (402) 348-1450

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 22,808,768 including grants of $ 2,257,424) (Revenue $ 59,749,402)

Alegent Health Immanuel Medical Center Mental Health physicians are unique in their care-giving approach to emotional and behavioral problems of children, adolescents, adults and seniors Physicians provide the most appropriate care at the level of service that each patient needs Outpatient and inpatient behavioral service programs are provided Recently, Immanuel Medical Center built the Residential Treatment Center This new state of the art facility features 20 private rooms for boys and girls between the ages of six and eighteen years of age

4b (Code) (Expenses $ 16,059,681 including grants of $ 1,589,455) (Revenue $ 36,286,447)

Alegent Health-Immanuel Medical Center Rehabilitation Center provides comprehensive inpatient and outpatient programs for individuals of all ages The Rehabilitation Center is the region's most comprehensive center for physical medicine and rehabilitation, offering patients some of the most advanced rehabilitative technology Immanuel Rehabilitation Center has received the highest level of accreditation awarded by the Joint Commission and by the Commission on Accreditation of Rehabilitation Facilities (CARF) At every level of care, a team of licensed and certified rehabilitation professionals are available Each one of the rehabilitation program are designed to maximize independence and quality of life

4c (Code) (Expenses $ 5,357,292 including grants of $ 530,221) (Revenue $ 10,950,662)

Alegent Health-Immanuel Medical Center Cancer Support Team is comprised of a group of healthcare professionals who work together in a variety of ways to help the patient and family cope with cancer Each one of the physicians are equipped to diagnose and aggressively treat cancer and get patients back to there life as soon as possible Individual team members include Cancer Support Services Specialists, Medical Social Workers, Cancer Rehabilitation Specialist, Pastoral Services, Dietitians, Oncology Nurse Navigators, Hospice & Home Care Services, Inpatient Nursing Services, Radiation Oncology, and Volunteer Services

(Code) (Expenses $ 165,112,467 including grants of $ 16,341,473) (Revenue $ 160,851,048)

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

4e Total program service expenses $ 209,338,208 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		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 section 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)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	192		
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 Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,896		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **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 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c	
6a	Did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

Section B. Policies

			Yes	No
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	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

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

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

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								4,071,181	6,887,418	6,259,087

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 64

			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**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
HEART CONSULTANTS PC 6828 N 72ND STREET OMAHA, NE 68122	Physicians	1,410,205
US FOODSERVICE 6315 John J Pershing Drive OMAHA, NE 68110	FOOD SERVICE	1,358,576
CASSLING DIAGNOSTIC IMAGING INC PO BOX 3045 OMAHA, NE 68103	DIAGNOSTIC IMAGING SERVICES	940,177
SPINALGRAFT TECHNOLOGIES LLC 4340 SWINNEA ROAD STE 39 MEMPHIS, TN 38118	MEDICAL	853,311
NEBRASKA SPINE HORIZONS LLC 11819 MIRACLE HILLS DRIVE OMAHA, NE 68154	Physicians	706,025

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 42

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 17,475				
	d	Related organizations 1d 590,859				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,380,633				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	1,988,967			
Program Service Revenue		Business Code				
	2a	NET PATIENT SVC REVENU	621,500	245,036,119	245,036,119	
	b	JOINT HEALTH VENTURES	900,099	18,853,000	18,853,000	
	c	REIMBURSABLE-AFFILIATE	621,990	3,877,105	3,877,105	
	d	HOSPITAL PHARMACY	446,110	1,753,894		1,753,894
	e	FOOD & NUTRITION	722,320	616,771	4,891	611,880
	f	All other program service revenue		71,335	71,335	
	g	**Total. Add lines 2a-2f** ▶ $ 270,208,224				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	4,540,986			4,540,986
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 1,346,404				
	b	Less rental expenses 2,902,614				
	c	Rental income or (loss) -1,556,210				
	d	Net rental income or (loss) ▶	-1,556,210		96,469	-1,652,679
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 278,307				
	b	Less cost or other basis and sales expenses 10,705,184 / 120,100				
	c	Gain or (loss) -10,705,184 / 158,207				
	d	Net gain or (loss) ▶	-10,546,977			-10,546,977
	8a	Gross income from fundraising events (not including $ 53,703 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 17,475				
	b	Less direct expenses b 18,896				
	c	Net income or (loss) from fundraising events ▶	34,807			34,807
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a 421,005				
	b	Less cost of goods sold b 363,021				
	c	Net income or (loss) from sales of inventory ▶	57,984			57,984
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS OPERATIN 561,499	2,579,067			2,579,067
	b	EQUITY IN NET LOSS 900,099	2,316,427			2,316,427
	c	REIMBURSED SERVICES 621,990	1,855,883			1,855,883
	d	All other revenue	923,520		-26,484	950,004
	e	**Total. Add lines 11a-11d** ▶ $ 7,674,897				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	272,402,678	267,837,559	74,876	2,501,276

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	20,339	20,339		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	20,698,234	20,698,234		
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	3,325,531	2,826,701	498,830	
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	100,388,928	83,054,381		74,148
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,715,506	3,145,349	570,157	
9 Other employee benefits	17,440,309	10,649,266	6,789,689	1,354
10 Payroll taxes	5,701,623	5,428,870	268,277	4,476
11 Fees for services (non-employees)				
a Management				
b Legal	7,813	479	7,334	
c Accounting	1,800	1,800		
d Lobbying	18,459	18,459		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	10,467,804	7,106,896	3,360,908	
12 Advertising and promotion	39,473	39,473		
13 Office expenses	45,103,009	44,659,254	443,755	
14 Information technology				
15 Royalties				
16 Occupancy	3,608,814	3,608,814		
17 Travel	204,569	121,223	83,346	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	293,653	293,653		
20 Interest	1,469,183	1,469,183		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,911,491	12,162,760	4,748,731	
23 Insurance	205,667	205,667		
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PURCHASED SERVICES	10,879,692	3,309,426	7,570,266	
b BAD DEBTS	9,504,926	9,504,926		
c OTHER MANAGEMENT ALLOCA	5,690,690	418,076	5,272,614	
d MISCELLANEOUS	285,090	285,090		
e MEMBERSHIP AND DUES	235,549	235,549		
f All other expenses	74,340	74,340		
25 **Total functional expenses.** Add lines 1 through 24f	256,292,492	209,338,208	46,874,306	79,978
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		10,354,586	1	925,120
	2	Savings and temporary cash investments		3,776,947	2	32,007,913
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		30,331,747	4	24,160,833
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,052,869	8	3,797,460
	9	Prepaid expenses and deferred charges		229,776	9	119,776
	10a	Land, buildings, and equipment cost basis	10a 263,649,815			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 149,469,345	99,559,249	10c	114,180,470
	11	Investments—publicly traded securities		268,943,578	11	197,237,127
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		2,179,512	12	1,921,074
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		39,702,564	13	33,661,805
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		41,155,727	15	26,708,397
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		500,286,555	16	434,719,975
Liabilities	17	Accounts payable and accrued expenses		12,040,789	17	9,717,791
	18	Grants payable			18	
	19	Deferred revenue		17,259	19	7,539
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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		59,413,787	23	56,878,805
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		0	25	294,063
	26	**Total liabilities.** *Add lines 17 through 25*		71,471,835	26	66,898,198
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		424,942,720	27	364,379,654
	28	Temporarily restricted net assets		2,202,000	28	1,652,123
	29	Permanently restricted net assets		1,670,000	29	1,790,000
		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		428,814,720	33	367,821,777
	34	Total liabilities and net assets/fund balances		500,286,555	34	434,719,975

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
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		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or 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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1 ☐ 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).** (Attach Schedule H)

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).** (See instructions)

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 organizations the organization supports

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

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

Public Support

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

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **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** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 47-0376615
Name: ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOWELL NELSON , DIRECTOR	4 00	X						0	0	0
DEBORAH LEE-EDDIE , DIRECTOR	4 00	X						0	0	0
MARK G FRANCO MD , SECRETARY/TREASURER	5 00	X		X				0	23,500	0
LESLIE R ANDERSEN , CHAIR	5 00	X		X				0	0	0
JOSEPH A JARZOBSKI MD , DIRECTOR	4 00	X						0	15,000	0
SR LILLIAN MURPHY RSM , DIRECTOR	4 00	X						0	0	0
JOHN T REED , CHAIR	6 00	X		X				0	0	0
ANTHONY HATCHER DO , SECRETARY/TREASURER	6 00	X		X				0	422,189	31,508
JOHN HEWITT , VICE CHAIR	4 00	X		X				0	0	0
RANDAL KORTH , DIRECTOR	4 00	X						0	0	0
MARTIN MANCUSO MD , DIRECTOR	4 00	X						0	0	0
SUSAN PEACH RN , DIRECTOR	4 00	X						0	0	0
Rick Vierk , DireCTOR	4 00	X						0	15,000	0
MICHAEL DEFREECE , DIRECTOR	4 00	X						0	0	0
PAUL EDGETT III , DIRECTOR	4 00	X						0	0	0
ERIC GURLEY , DIRECTOR	4 00	X						0	0	0
KEITH SCHMODE , DIRECTOR	4 00	X						0	0	0
WAYNE A SENSOR , CHIEF EXECUTIVE OFFICER	60 00			X				266,813	747,566	317,847
RICHARD HACHTEN II , PRESIDENT	60 00			X				204,477	572,912	303,644
THEODORE SCHWAB , SVP/CIO	60 00			X				203,288	569,578	85,008
FRED HOSLER MD , SVP/CMO	60 00			X				166,728	467,148	183,037
MARTIN HICKEY MD , SVP/CEO CLINICS	60 00			X				56,798	159,138	1,524,961
KENNETH LAWONN , SVP INFORMATION TECH	60 00			X				114,400	320,529	149,746
DUANE DAVID , SVP CLINICS	60 00			X				80,783	226,340	0
SCOTT WOOTEN , SVP/CFO	60 00			X				187,633	525,718	196,915
MARGARET BREEN , SVP HUMAN RESOURCES	60 00			X				81,015	226,991	171,695
AMY PROTEXTER , SVP MARKETING & COMM OFF	60 00			X				69,358	194,329	142,131
RUSSELL GRONEWOLD , VP-AMBULATORY/RETAIL DEV	60 00				X			61,834	173,249	358,760
JARROD JOHNSON , VP-ORTHOPEDIC SVC	60 00				X			65,630	183,883	337,390
SHEREE KEELY , VP-Behavioral Health Svc	60 00				X			40,364	113,093	276,897

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK KESTNER MD , VP-CHIEF QUALITY OFFICER	60 00				X			86,680	242,863	137,554
Elizabeth LLEWELLYN , VP-Mission Integration	60 00				X			58,470	163,823	341,824
PATRICIA MASEK , VP-MEDICAL AFFAIRS	60 00				X			51,046	143,020	74,371
FRANK EMSICK , VP-CONSTRUCTION	60 00				X			58,618	164,238	327,539
JOHN MAY , VP-CARDIOVASCULAR SVC	60 00				X			70,904	198,662	375,664
JOAN NEUHAUS , VP-MATERNAL CHILD SVC	60 00				X			85,733	240,211	192,848
ANN SCHUMACHER , COO-IMC	60 00				X			91,540	256,480	102,995
Ann Jones , VP-ONCOLOGY SERVICES	60 00				X			71,355	199,926	64,303
MICHAEL ANDERSEN , VP-Behavioral Health Svc	60 00				X			62,370	174,750	332,340
Arun Sharma MD , Physician	60 00					X		458,714	0	36,953
Michael L Egger MD , Physician	60 00					X		295,246	0	36,753
Thomas A Franco MD , Physician	60 00					X		409,359	0	32,150
Michael L Coy MD , Physician	60 00					X		326,597	0	26,294
Hudson H T Hsieh MD , Physician	60 00					X		292,862	0	32,841
BARBARA GOODRICH , FORMER COO-IMC	0 00						X	52,566	147,282	65,119
DAVID GAMBINO ,							X	8,333	23,349	0
DWIGHT YOUNGMAN ,							X	7,442	20,852	0
MARK THOMAS ,							X	8,188	22,940	0
ROBERT AZAR , LEGAL OFFICER							X	16,779	47,011	0

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT SVC REVENU	621,500	245,036,119	245,036,119		
b JOINT HEALTH VENTURES	900,099	18,853,000	18,853,000		
c REIMBURSABLE-AFFILIATE	621,990	3,877,105	3,877,105		
d HOSPITAL PHARMACY	446,110	1,753,894			1,753,894
e FOOD & NUTRITION	722,320	616,771		4,891	611,880

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

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

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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

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

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	47-0376615

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

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☑ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	18,459	176,941
c Total lobbying expenditures (add lines 1a and 1b)	18,459	176,941
d Other exempt purpose expenditures	256,274,033	502,965,887
e Total exempt purpose expenditures (add lines 1c and 1d)	256,292,492	503,142,828
f Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	0
i Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ 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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	171,621	124,534	136,554	176,941	609,650
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(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?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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 (line 2c total minus 3 and 4)	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

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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 other 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 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		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	3,872,086				
b Contributions	629,893				
c Investment earnings or losses	-450,863				
d Grants or scholarships	3,875				
e Other expenditures for facilities and programs	605,118				
f Administrative expenses					
g End of year balance	3,442,123				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 48 000 %
- c Term endowment ▶ 52 000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,726,657		1,726,657
b Buildings		99,660,268	58,360,295	41,299,973
c Leasehold improvements		5,355,041	4,235,891	1,119,150
d Equipment		125,462,913	86,873,159	38,589,754
e Other		31,444,936		31,444,936
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				114,180,470

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
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
INVESTMENT IN MCH HEALTH SYSTEM	5,210,989	C
Investment in Alegent Health	27,806,100	C
OTHER INVESTMENT	644,716	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	33,661,805	

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

(a) Description	(b) Book value
Intercompany Receivable	26,708,397
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	26,708,397

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
3RD PARTY PAYER SETTLEMENTS	294,063
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	294,063

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
		PART X - THE ENTITIES REPORTED IN THE CONSOLIDATED AUDIT HAVE ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) DURING 2008 FIN 48 PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES THE ADOPTION OF FIN 48 BY THESE ENTITIES DID NOT HAVE A MATERIAL IMPACT ON THEIR FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

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

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

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

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

		(a) Event #1 Immanuel Healing Experience (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	71,178			71,178
	2 Less Charitable contributions	17,475			17,475
	3 Gross revenue (line 1 minus line 2)	53,703			53,703
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	3,300			3,300
	7 Other direct expenses	15,596			15,596
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				18,896
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				34,807

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

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

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

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

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

7 Charity Care and Certain Other Community Benefits at Cost

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

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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 *(Optional for 2008)*

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

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

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ALEGENT HEALTH IMMANUEL MEDICAL CENTER 6901 North 72nd Street OMAHA, NE 68122	X	X					X		
AH IMMANUEL FONTENELLE HOME 6809 NORTH 68TH PLAZA OMAHA, NE 68152									SKILLED NURSING FACILITY

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

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

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

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

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

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

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

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

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

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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 U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RONCALLI CATHOLIC HIGH SCHOOL6401 SORENSEN PKWY OMAHA,NE 68152	47-0486481	501(c)(3)	5,200				GENERAL SUPPORT
BLESSING INTERNATIONAL 5881 S Garnett TULSA,OK 74146	73-1130590	501(c)(3)	5,239				GENERAL SUPPORT

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

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	27	4,425			
CHARITY CARE	7178		20,693,809	BOOK	REDUCE OR WRITE OFF OF PATIENT SERVICES

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS THESE FUNDS ARE DIRECTLY USE TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE SISTER INGEBORG BLOMBERG SCHOLARSHIP SCHOLARSHIPs are PROVIDED BY THE IMMANUEL MEDICAL CENTER AUXILIARY TO PROVIDE CONTINUING EDUCATION FOR ALEGENT HEALTH-IMMANUEL MEDICAL CENTER EMPLOYEES FOR THEIR PERSONAL GROWTH AND/OR PROFESSIONAL DEVELOPMENT ALL PERMANENT, FULL-TIME AND PART-TIME EMPLOYEES IN GOOD STANDING WHO HAVE SIX MONTHS OR MORE OF SERVICE WITH ALEGENT HEALTH-IMMANUEL MEDICAL CENTER MAY APPLY FOR THE SCHOLARSHIPS PAYMENT FOR TUITION, LAB FEES, BOOKS AND REGISTRATION EXPENSES WILL BE MADE DIRECTLY TO THE INSTITUTION UPON RECEIPT OF A STATEMENT OF COSTS FROM THE INSTITUTION THE AWARDING OF THE SISTER INGEBORG BLOMBERG SCHOLARSHIP SHALL BE SUBJECT TO THE FOLLOWING CRITERIA 1 APPLICATION IS MADE PRIOR TO MAKING A COMMITMENT TO THE SCHOOL 2 THE SCHOOL AND COURSE ARE OF RECOGNIZED STANDING 3 THE EMPLOYEE CONTINUES TO MAINTAIN HIS/HER REGULARLY SCHEDULED WORKING HOURS 4 THE EMPLOYEE SHALL SIGN AN AUTHORIZATION ALLOWING THE AUXILIARY TO RECEIVE WRITTEN CERTIFICATION OF PERFORMANCE FROM THE INSTITUTION 5 IT IS EVIDENT THAT THE COURSE, OR COURSES, ARE MUTUALLY BENEFICIAL TO THE EMPLOYEE AND TO ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6 THE EMPLOYEE IS EXPECTED TO REMAIN EMPLOYED AT ALEGENT HEALTH-IMMANUEL MEDICAL CENTER FOR AT LEAST ONE YEAR AFTER RECEIVING THE SISTER INGEBORG BLOMBERG SCHOLARSHIP
Other Information	Part IV	SCHEDULE I, PART I, LINE 2 ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ONLY DISTRIBUTES FUNDS TO OTHER 501(c)(3) ORGANIZATIONS WITH THE SAME MISSION And PURPOSE AS THE ALEGENT HEALTH SYSTEM THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION SCHEDULE I, PART III - Alegent Health-IMMANUEL MEDICAL CENTER recognizes the right to quality healthcare regardless of age, sex, race, religion, national origin, or ability to pay Business office staff helps patients seek local, state, and federal reimbursement at no charge when no other source of payment is available Financial assistance is provided to patients with demonstrated inability to pay for medically necessary services THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE

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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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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**	Yes	
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**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any 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

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	As part of the executive compensation arrangement, executives are provided with a set sum, approximately 30 - 40% of their base salary, which can be used to elect various benefits Some of the benefits available for election include health club dues, automobile allowance, financial planning fees and legal fees Payment for these benefits are either made directly by Alegent Health or reimbursed to the executive after the appropriate substantiation for the expense is provided The amount paid for these benefits is included in the EXECUTIVE'S wages as taxable income
	Part I, Line 4a	The following reportable individuals received severance payments from Alegent Health (a related organization) during the 2008 calendar year and these severance payments were included in the INDIVIDUAL'S W-2 income and reportable as compensation on Schedule J DUANE DAVID - $267,603 THEODORE SCHWAB - $146,320 SCHEDULE J, LINE 4B - ALEGENT HEALTH HAS A NONQUALIFIED RETIREMENT PLAN THAT EXECUTIVES PARTICIPATE IN OF WHICH ANNUAL CONTRIBUTIONS ARE MADE IN ADDITION, The following reportable individuals received supplemental nonqualified retirement plan payments from Alegent Health (a related organization) during the 2008 calendar year and these supplemental payments were included in the INDIVIDUAL'S W-2 income and reportable as compensation on Schedule J Richard Hachten II - $60,230 Fred Hosler - $91,172 Jarrod Johnson - $24,603 Ann Jones - $26,101 Patricia Masek - $15,527 John May - $17,332 Joan Neuhaus - $29,226 Amy Protexter - $5,684 Theodore SCHWAB - $230,925 Shane Seymour - $9,964 36 Scott Wooten - $139,033
	Part I, Line 5	PHYSICIANS EMPLOYED BY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON THEIR INDIVIDUAL PRACTICE COLLECTIONS
	Part I, Line 6	Compensation for members of management of Alegent Health and related entities is determined at a system level Members of management are eligible for an annual incentive bonus with the objective of attracting and retaining highly qualified management Management sets measurable individual accountabilities which align and contribute to the achievement of Alegent Health SYSTEM'S key performance indicators related to the SYSTEM'S strategic priorities Within the priorities are set measures that must be met in order for the bonus to be paid out One of the six measures is dependent on the financial results of the entire Alegent Health system for the fiscal year
Supplemental Information	Part III	SCHEDULE J, PART II THE ALEGENT HEALTH EXECUTIVES HAVE A PROVISION IN THEIR COMPENSATION AGREEMENT THAT PROVIDES FOR POTENTIAL SEVERANCE PAYMENTS IN THE EVENT OF TERMINATION WITHOUT CAUSE OR CHANGE OF CONTROL FOR EXAMPLE, MARTIN HICKEY'S CONTRACT STATES UPON TERMINATION WITHOUT CAUSE HE COULD RECEIVE TWO YEARS OF BASE SALARY AND CERTAIN BENEFITS THEREFORE, DEFERRED COMPENSATION IS INCLUDED IN COLUMN C OF $1,523,760 FOR THE AMOUNT OF SEVERANCE HE MAY OR MAY NOT RECEIVE IF TERMINATED ACCORDING TO THE COMPENSATION AGREEMENT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0376615
Name: ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER DO	(I)							
	(II)	322,246	35,302	64,641	18,150	13,358	453,697	
WAYNE A SENSOR	(I)	164,339	91,800	10,674	80,626	2,978	350,417	
	(II)	460,452	257,208	29,906	225,900	8,343	981,809	
RICHARD HACHTEN II	(I)	114,727	58,737	31,013	77,296	2,571	284,344	
	(II)	321,447	164,572	86,893	216,573	7,204	796,689	
THEODORE SCHWAB	(I)	47,525	45,002	110,761	17,710	4,650	225,648	38,463
	(II)	133,156	126,087	310,335	49,619	13,029	632,226	107,767
FRED HOSLER MD	(I)	83,008	45,961	37,759	45,652	2,492	214,872	
	(II)	232,576	128,776	105,796	127,910	6,983	602,041	
MARTIN HICKEY MD	(I)	33,702	7,891	15,205	400,795	316	457,909	
	(II)	94,428	22,109	42,601	1,122,965	885	1,282,988	
KENNETH LAWONN	(I)	67,032	35,700	11,668	36,369	3,019	153,788	
	(II)	187,813	100,025	32,691	101,900	8,458	430,887	
DUANE DAVID	(I)		7,919	72,864			80,783	70,388
	(II)		22,187	204,153			226,340	197,216
SCOTT WOOTEN	(I)	89,877	47,520	50,236	48,822	2,973	239,428	
	(II)	251,820	133,144	140,754	136,792	8,328	670,838	
MARGARET BREEN	(I)	52,442	24,017	4,556	43,601	1,560	126,176	
	(II)	146,934	67,292	12,765	122,164	4,370	353,525	
AMY PROTEXTER	(I)	45,210	15,126	9,022	33,989	3,395	106,742	
	(II)	126,671	42,381	25,277	95,233	9,514	299,076	
RUSSELL GRONEWOLD	(I)	43,386	16,239	2,209	91,311	3,054	156,199	
	(II)	121,560	45,501	6,188	255,838	8,557	437,644	
JARROD JOHNSON	(I)	38,960	15,453	11,217	86,509	2,235	154,374	
	(II)	109,159	43,297	31,427	242,384	6,262	432,529	
SHEREE KEELY	(I)	34,283	3,771	2,310	70,933	1,899	113,196	
	(II)	96,055	10,565	6,473	198,744	5,321	317,158	
MARK KESTNER MD	(I)	54,503	23,199	8,978	32,512	3,669	122,861	
	(II)	152,708	65,000	25,155	91,093	10,280	344,236	
Elizabeth LLEWELLYN	(I)	30,547	17,360	10,563	88,810	1,100	148,380	
	(II)	85,588	48,640	29,595	248,832	3,082	415,737	
PATRICIA MASEK	(I)	29,045	12,256	9,745	17,622	1,940	70,608	
	(II)	81,379	34,339	27,302	49,374	5,435	197,829	
FRANK EMSICK	(I)	40,526	14,146	3,946	86,153		144,771	
	(II)	113,546	39,635	11,057	241,386		405,624	
JOHN MAY	(I)	36,680	17,762	16,462	97,451	1,360	169,715	
	(II)	102,771	49,766	46,125	273,043	3,810	475,515	
JOAN NEUHAUS	(I)	57,858	19,064	8,811	49,578	1,147	136,458	
	(II)	162,110	53,415	24,686	138,910	3,213	382,334	
ANN SCHUMACHER	(I)	67,540	22,369	1,631	24,172	2,919	118,631	
	(II)	189,236	62,675	4,569	67,726	8,178	332,384	
Ann Jones	(I)	37,642	17,904	15,809	14,711	2,203	88,269	
	(II)	105,468	50,164	44,294	41,217	6,172	247,315	
MICHAEL ANDERSEN	(I)	35,931	18,194	8,245	85,803	1,613	149,786	
	(II)	100,673	50,976	23,101	240,405	4,519	419,674	
Arun Sharma MD	(I)	422,283		36,431	18,150	18,803	495,667	
	(II)							
Michael L Egger MD	(I)	259,485		35,761	18,150	18,603	331,999	
	(II)							
Thomas A Franco MD	(I)	317,533	52,172	39,654	18,150	14,000	441,509	
	(II)							
Michael L Coy MD	(I)	295,213		31,384	18,150	8,144	352,891	
	(II)							
Hudson H T Hsieh MD	(I)	263,579		29,283	15,850	16,991	325,703	
	(II)							
BARBARA GOODRICH	(I)	37,081		15,485	13,715	3,413	69,694	
	(II)	103,894		43,388	38,428	9,563	195,273	

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Alegent Health-Immanuel Medical Center provideS additional services including but not limited to weight management, emergency department, inpatient hospital facilities, procedure center, orthopedic services, digestive health center, family life center, radiology, urology and physical therapy Patients are at the center of everything done at Alegent Health-Immanuel Medical Center Expenses $ 165112467 including grants of $ 16341473 Revenue $ 1608510

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		MARK FRANCO, MD AND THOMAS FRANCO, MD - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF THE CORPORATION SHALL BE IMMANUEL HEALTH SYSTEMS (IHS) IMMANUEL HEALTH SYSTEMS SHALL NOT HAVE ANY VOTING RIGHTS AS A MEMBER OF THE CORPORATION

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
FORM 990, Part I, Line 5 and Part V, Line 2A		The employees listed in Part I, Line 5 and Part V, Line 2A are employed by ALEGENT HEALTH-IMMANUEL MEDICAL CENTER However, through a common pay agent agreement, the employees are paid by Alegent Health and payroll expenses are allocated to ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Identifier	Return Reference	Explanation
FORM 990, Part V, Line 1a		Payments to vendors for entities that are part of the Alegent Health system are made by Alegent Health, therefore no Form 1099s are issued by ALEGENT HEALTH-IMMANUEL MEDICAL CENER Alegent Health files the form 1099s and complies with the backup withholding rules for reportable payments to vendors and gaming winnings However, per the instructions, those 1099S issued by Alegent Health on behalf of ALEGENT HEALTH-IMMANUEL MEDICAL CENTER are reported

Identifier	Return Reference	Explanation
FORM 990, Part V, Line 7G and 7H		During the year, the organization did not receive any of the property listed on Line 7G and 7H, therefore, no forms were filed

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N/A				No			No
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	N/A				No			No
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	N/A				No			No
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT HEALTH	N/A				No			No
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT HEALTH	N/A				No			No
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	UNRELATED	2,269,701	1,939,273		No	-26,211	Yes	
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ALEGENT HEALTH-CREIGHTON ST JOSEPH MGD CARE SVCS INC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0802396	MANAGED CARE SERVICES	NE	ALEGENT HEALTH	C			

Part V Transactions with Related Organizations

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

		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**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
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(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA	Q	133,200
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0376615
Name: ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ALEGENT HEALTH 12809 WEST DODGE ROAD OMAHA, NE68154 47-0757164	LICENSED HOSPITAL/ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L3	N/A
ALEGENT HEALTH CLINIC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	ALEGENT HEALTH
ALEGENT HEALTH FOUNDATION 12809 WEST DODGE ROAD OMAHA, NE68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	ALEGENT HEALTH
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, NE68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH
ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA 603 ROSARY DRIVE CORNING, IA50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM
MERCY HEALTH CARE FOUNDATION 603 ROSARY DRIVE CORNING, IA50841 42-1461064	SUPPORT OF ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA 631 N 8TH STREET MISSOURI VALLEY, IA51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	N/A
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION 631 N 8TH STREET MISSOURI VALLEY, IA51555 42-1294399	SUPPORT OF ALEGENT HEALTH CoMMUNITY MEMORIAL HOSPITAL OF MISsOURI VALLEY, IA	IA	501(C)(3)	L11 I	ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER 104 W 17TH STREET SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	N/A
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH STREET SCHUYLER, NE68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER EXEMPT PURPOSE	NE	501(C)(3)	L11 I	ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N/A				No			No
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	N/A				No			No
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	N/A				No			No
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT HEALTH	N/A				No			No
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT HEALTH	N/A				No			No
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	UNRELATED	2,269,701	1,939,273		No	-26,211	Yes	
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Form 990 Page 10	47-0376615

Part I **Election To Expense Certain Property Under Section 179**

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

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

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

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

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	16,911,491

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

Section A

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

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

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

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

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

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	16,911,491
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI **Amortization**

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