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 $_{\text{Form}}990$

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

2008

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea		-01-2008 and ending 06-30-200	09		
B Ch	eck if ap	pplicable	Please	C Name of organization Alegent Health Foundation IN	C		D Employer Ider	ntification number
Add	dress ch	ange	use IRS label or	Doing Business As			47-0648586	
Na	me char	nge	print or	Doing Business As			E Telephone nu	mber
– _{Init}	tıal retur	rn	type. See Specific	Number and street (or P.O. b	ox if mail is not delivered to street addr	ess) Room/suite	(402) 343-4	323
– _{Tei}	minatio	on.	Instruc- tions.	12809 WEST DODGE ROAD	ox ii maii is not delivered to street addi	css) Room, suite	G Gross receipts	s \$ 3,765,302
_	nended r		tions.	City or town, state or country	and 7ID + 4		4	
_				OMAHA, NE 68154	, and zir + 4			
Apı	plication	pending						
				ne and address of Principal	O fficer		s a group return	
				M WOOTEN WEST DODGE ROAD		affilia	tes?	ΓYes Γ Nο
			OMAH	A,NE 68154		H(b) Are al	l affiliates include	d?
Та	x-exem	pt status	▽ 501(c))(3) ◀(Insert no)	a)(1) or			See instructions)
w	eb site	e: ► WW	WALEGEN	IT COM		_	p Exemption Nur	
	e of ora	ianization	✓ Corporat	ion trust association ot	her ▶	L Year of Fo	rmation 1982 M S	State of legal domicile NE
	or org	jamzation	т согрогае	ion that, association, or	nei P	TE real of ro	iniation 1302 M	tac of legal dofficile. NE
Pa	rt I	Sumr	nary					
	1	Briefly d	escribe th	e organization's mission or	most significant activities			
2		SUPPO	RT THE HE	EALTHCARE MINISTRY O	F A LEGENT HEALTH			
ŧ								
aovemance	_							
5			,		nued its operations or disposed			
			-	-	oody (Part VI, line 1a)			3
o O	4	Number	ofindepen	ident voting members of the	e governing body (Part VI, line 1	b)	. 4 _	2
	5	Total nu	ımber of en	nployees (Part V , line 2a)			5 _	12
ACIIVIIIES Q	6	Total nu	ımber of vo	lunteers (estimate if neces		6 _	100	
t	7a	Total gr	oss unrela	ted business revenue from	Part VIII, line 12, column (C)		7a	0
	b	Net unre	elated busi	ness taxable income from	Form 990-T, line 34		7b	0
						Pric	or Year	Current Year
_	8	Contrib	outions and	d grants (Part VIII, line 1h)		2,687,943	2,801,079
	9 Program service revenue (Part VIII, line 2g)							765,191
Revenue	10	Invest	ment incor	ne (Part VIII, column (A),		554,437	-361,689	
#	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		2,005,443	-5,817
	12		evenue—a	dd lınes 8 through 11 (mus	t equal Part VIII, column (A), lıı	ne	F 247 822	2 100 764
	42	12)			-l (A.) l 1 2)		5,247,823	3,198,764
	13			ar amounts paid (Part IX, c	, ,,		4,593,015	1,184,767
	14			r for members (Part IX, co	_		0	
88	15	Salarie 10)	s, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5-	734,065	576,086
Expenses	16a	•	sional fund	raising fees (Part IX, colur		,		
<u>⊕</u>	Ь			penses, Part IX, column (D), line	, ,,			
Ф	17	•		(Part IX, column (A), lines			488,834	131,630
	18				11a-11d, 111-241) Jal Part IX, line 25, column (A))		5,815,914	1,892,483
	18			eadd lines 13-17 (must equ Denses Subtract line 18 fro			-568,091	. ,
w 60	13	Revent	ie iess ext	venses Subtract line 18 mo	om mie 12	Pa*	•	1,306,281
9 G						Beginni	ing of Year	End of Year
34	20			t X, line 16)			14,762,509	12,779,656
net Assets ta Fund Balances	21	Total li	iabilities (F	Part X, line 26)			5,472,540	4,650,497
_	22			d balances Subtract line 2	1 from line 20		9,289,969	8,129,159
Pai	rt II	Sign	ature Blo	ock				
					nined this return, including accompanyin n of preparer (other than officer) is bas			
Plea	ise	L. Delle	, 15 (146)	complete becardio	p. spansi (sailer than officer) is bas	1	-05-14	a.iij kiiomeage
Sigr		Signa	ture of office	er		Date	-05-14	
ler		SCOT	T M WOOTE	N SENIOR VP/CFO				
			or print nam					
		Desc.	- L		Date	Check If	Preparer's PTIN (See Gen Inst \
ام!م(Preparer' signature		Kriete	Date	self-	Tropalers Film (:	ACC OCH THIST I
Paid	0,00,0			1		empolyed 🕨 🦵		
•	arer's	Firm's na if self-em	me (or yours	KPMG LLP			EIN Þ	
se (Only		and ZIP + 4	TWO CENTRAL PARK PLAZA	SUITE 1501			
		<u></u>		OMAHA, NE 681021626			Phone no 🕨 (40	2) 348-1450
1av	the IRS	S discus	s this retu	<u> </u>	above? (See instructions) .			✓ Yes No

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

1 See Ad	Briefly describe the organization's mission				
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?		rvices during the yea	r which were not listed on	Yes ✓ No
3	If "Yes," describe these new services Did the organization cease conducting services?		changes in how it co	nducts any program 「	_ Yes
	If "Yes," describe these changes on S	chedule O		,	res p No
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenu	ns and 4947(a)(1) t	rusts are required to	report the amount of grants and	
4a	(Code) (Expenses \$ ALEGENT HEALTH Foundation, INC SUPPORT Medical Center during FISCAL YEAR 2009 Th and Residential Treatment Center gymnasiur (4) rehabilitation center equipment and progr	e Foundation provided s n, (2) Cancer Patient As	upport in four major areas	(1) capital project support for camp	us Generation Patient projects
4b	(Code) (Expenses \$ The Foundation distributed \$446,065 to Lake (1) general operating support for the Lakesid purchases for Lakeside Hospital and ICU reno	e and Midlands Hospitals	s, (2) capital project suppo	ort for the West Omaha Image Recove	ery Center, technology
4c	(Code) (Expenses \$ The Foundation distributed \$95,981 to Bergal support in three major areas (1) general op programs at both hospitals, and (3) Behavior	eratıng support prımarıly	for Bergan Mercy Medical		
	(Code) (Expenses \$	51,862	including grants of \$	51,862) (Revenue \$)
4d	Other program services (Describe ii				
	(Expenses \$	including grants of) (Revenue \$)
4e	Total program service expenses \$	1,184,76	7 Must equal Part IX	, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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		Νο
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		10	.,	
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	Yes	
	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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If "Yes," complete Schedule F, Part III</i>	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		No
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 $^{\circ}$	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
ь	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		
	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	24u 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 VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		Νo
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		Νο
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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt 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 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
24	Statements filed for the calendar year ending with or within the year covered by this			
	return			
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	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-ra	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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
ь	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).			
а	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			N
al.	file Form 8282?	7с		No
u	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	76	V	
	required?	7h	Yes	
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
_	year?	l .		ĺ
9 -	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation foca and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
,	against amounts due or received from them)			
47-		43-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Νo

Yes

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

Se	ction	A. Governi	ng Body	and Mana	agement					
	For each	"Yes" respons	se to lines	2-7 below, ar	nd for a "No"	response to li	ines 8 or 9h	below descri	the the circui	msta

	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 3			
b	Enter the number of voting members that are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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		Νo
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			
а	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		Νo
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		No
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

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	
С	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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

- * 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

		Posit	(C tion (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JOANNE JARVIS , dIRECTOR	2 00	Х						0	0	0	
DAN MCKINNEY MD , DIRECTOR	2 00	X						0	0	0	
DOUGLAS DUNNING MD , DIRECTOR	2 00	X						0	280,495	36,153	
SHANE SEYMOUR , CHIEF DEVELOPMENT OFFICE	60 00			Х				0	276,363	71,200	
				<u> </u>							
				<u> </u>							

ZELENIEL CONTINUEC	Part VII	Continue
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			(C) Position (check all that apply)					(E)		(F)			
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of other compensation from the organization and related organizations	
											-		
											#		
											+		
				+							+		
1b	Total			٠.				>	0	556,8	358		107,353
2	Total number of individuals (including compensation from the organization		a) who	recei	ved	mor	e thar	1 \$1	00,000 in reportabl	e			
												Yes	No
3	Did the organization list any former o					еуе	mploy	ee,	or highest compens	ated employee			
	on line 1a? If "Yes," complete Schedule	e J for such	ındıvıdı	ıal .	•	•	•	•			3		No

			163	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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. Inc	dependent	Contractors
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Complete this table for your five highest compensated independent contractors that received more than 1 \$100,000 of compensation from the organization

	(A)	(B)	(c)	
	Name and business address	Description of services	Compensation	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation				
	from the organization		0	
			Form 990 (2008)	

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
	1a	Federated campaigns 1a					
## #	ь	Membership dues					
필		1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	100,572				
£ ∺	d	1c Related organizations1d					
% <u>E</u>	e	Government grants (contributions) 1e					
흕		All other contributions, gifts, grants, and	2,328,891	ļ	-]]
きを	f	sımılar amounts not ıncluded above	2,326,691				
운동		1f					
<u> </u>	g	Noncash contributions included in lines 1a-1f \$ 42,562					
ပ္က	h	Total (Add lines 1a-1f)		2,801,079			
			<u> </u>				
<u>9</u>	3-	Admin Daimhuraamant	Business Code	765 404	765 404		
il e	2a	Admin Reimbursement	900,099	765,191	765,191		
Es -	ь						
- 2	С						
Š	d						
À	e						
<u>6</u>	f	All other program service revenue					
Program Serwice Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 765,191 Investment income (including dividence)	dends interest				
	_	other similar amounts)		102,384			102,384
			▶				·
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
		(ı) Real	(11) Personal				
	6a	Gross Rents	, ,				
	ь	Less rental					
	c	expenses Rental income					
	`	or (loss)					
	d	Net rental income or (loss)					
	7a	(1) Securities Gross amount from sales of	(II) O ther				
		assets other than inventory					
	ь	Less cost or 464,073					
		other basis and sales expenses					
	С	Gain or (loss) -464,073					
	d	Net gain or (loss)	_	-464,073			-464,073
	00						
Other Revenue	8a	Gross income from fundraising events (not including \$\frac{96,648}{0}\$ of contributions reported on line					
<u> </u>		1c) See Part IV, line 18					
é		Attach Schedule G if total exceeds					
<u></u>	١.	\$15,000 a	100,572				
Ě	Ь	Less direct expensesb	· '	-5,817			-5,817
0	С	Net income or (loss) from fundraisi	ing events	-3,817			-3,817
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
		a					
	Ь	Less direct expensesb	L				
	С	Net income or (loss) from gaming a	activities -				
	10a	Gross sales of inventory, less returns and allowances					
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of	inventory				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	с						
		A II akka ::					
	d	All other revenue					
	12	Total Revenue Add lines 1h 3 - 3		3,198,764	765,191	0	-367,506
	12	Total Revenue. Add lines 1h, 2g, 3 8c, 9c, 10c, and 11e		,158,764	703,191	0	-307,306

Part IX Statement of Functional Expenses

A	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 i	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	1,164,267	1,164,267						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,500	20,500						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,	,						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	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	525,645			509,876				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	12,149		364	11,785				
10	Payroll taxes	38,292		1,149	37,143				
11	Fees for services (non-employees)								
а	Management								
b	Legal								
c	Accounting								
d	Lobbying	39			39				
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	50,946			50,946				
12	Advertising and promotion	5,069			5,069				
13	Office expenses	34,230			34,230				
14	Information technology								
15	Royalties								
16	Occupancy	100			100				
17	Travel	25,504			25,504				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	2,249			2,249				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	9,564			9,564				
23	Insurance								
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)								
а	PURCHASED SERVICES	1,487			1,487				
ь	MEMBERSHIP & DUES	1,250			1,250				
c	OTHER	1,192			1,192				
f	All other expenses				<u> </u>				
25	Total functional expenses. Add lines 1 through 24f	1,892,483	1,184,767	17,282	690,434				
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		-		900 (2008)				

Part X	Balance	Sheet

				(A)		(B)
	۱.	Cook non interest horange		Beginning of year	1	End of year
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments		4 470 400	2	4 700 000
	3	Pledges and grants receivable, net		1,476,193	-	1,739,338
	4	Accounts receivable, net		45,403	4	
	5	Receivables from current and former officers, directors, trustees other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
\$	9	Prepaid expenses and deferred charges			9	
Assets	10a	Land, buildings, and equipment cost basis	10a 122,8	71		
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b 49,0	66 83,369	100	73,805
	11	Investments—publicly traded securities	100	13,157,544		10,966,513
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII of	13, 137, 344	11	10,966,513
	13	Schedule D			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.	HC VIII		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		14,762,509	16	12,779,656
	17	Accounts payable and accrued expenses .	80,249	17	21,256	
	18	Grants payable			18	
	19	Deferred revenue			19	
_	20	Tax-exempt bond liabilities			20	
<u>. 6</u>	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
- 23		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	_
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		5,392,291	25	4,629,241
	26	Total liabilities. Add lines 17 through 25	5,472,540	26	4,650,497	
- O		Organizations that follow SFAS 117, check here ▶ ▼ and compl	ete lines 27			
ĕ		through 29, and lines 33 and 34.		4.545.700	l l	1 244 244
Balance	27	Unrestricted net assets		1,545,798	-	1,244,914
ă	28	Temporarily restricted net assets		4,404,508	\vdash	3,304,582
Fund	29	Permanently restricted net assets	3,339,663	29	3,579,663	
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	i complete			
	30	Capital stock or trust principal, or current funds	•		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund •		31		
	32	Retained earnings, endowment, accumulated income, or other fur		32		
Ŋet	33	Total net assets or fund balances		9,289,969	33	8,129,159
_	34	Total liabilities and net assets/fund balances		14,762,509	34	12,779,656
Pa	rt XI	Financial Statements and Reporting				

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
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		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493134051870

OMB No 1545-0047

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-F7. See separate instructions.

Open to Public

Inspection

Name of the organization Employer identification number Alegent Health Foundation INC 47-0648586 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) 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.) 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 **b** Type II c Type III - Functionally Integrated d Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h

(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?		organiz	s the ation in rganized US?	(vii) A mount 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.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0F	O OI PART I.)				
	ublic Support	,						
	endar 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")	198,891	148,554	339,064	2,687,943		2,801,079	6,175,531
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
3	its behalf The value of services or facilities furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	198,891	148,554	339,064	2,687,943		2,801,079	6,175,531
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)							1,016,214
6	Public Support subtract line 5 from line							
U	4							5,159,317
T	otal Support		<u></u>				I	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	198,891		339,064	2,687,943		2,801,079	6,175,531
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	19,377		15,894	188,347		102,384	326,002
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)							6,501,533
12	Gross receipts from related activities, etc	(See instruction	s)			12		2,737,462
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	entage			tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		79.360 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		59.560 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp d not check the l	orted organızatı box on line 13 o	on r 16a, and line 1	·			
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "facts and circumst organization meets the "facts and circumst	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1. eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circu	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1 eck this box and	3, 16a, 16b, or I stop here. Exp	17a ai Iain in	nd line 15 Part IV ho	s 10% or
18	Private Foundation. If the organization did							- ,

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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				

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 47-0648586

Name: Alegent Health Foundation INC

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

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

If th		t have NOT filed Form 5768 (election is," to Form 990, Part IV, Line 5 (P		(h)) Complete Part II-B Do n	ot com	plete Part	II-A
Na	ime of the organization gent Health Foundation INC	zations complete rait iii		Employer iden	tıfıcatı	on numbe	er
Par		oy all organizations exempt e the instructions for Schedule		47-0648586 n 501(c) and section	527		
1		ganızatıon's dırect and ındırect polit		ivities in Part IV			
2	Political expenditures				\$		C
3	V olunteer hours						С
Par	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under section	n 501(c)(3). (See the	ınstru	ctions	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$		C
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectioi	n 4955	\$		C
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	?		┌ Yes	┌ No
4a	Was a correction made?					┌ Yes	┌ No
ь	If "Yes," describe in Part IV						
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	ion 5	01(c)(3	3).
1	•	ended by the filing organization for so	ection 527 exemi	ot function activities	\$		
2		organization's internal funds contribu			Ψ		
_	527 exempt funtion activities				\$		
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file I	Form 1120-POL for this year?				☐ Yes	┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oald from the filing d to a separate po	j organization's own interna blitical organization, such as	l funds sasep	or were	nents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	cont aı dıre		ered to a olitical If none,

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 and the provisions apply Limits of the filling given than line 1 and filling given than line 2 and filling given than line 3 and filling given than line 4 and filling given than lin	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1 ffrom line 1c Enter -0 - if line g is more than line c If there is an amount other than zero on either line 1 in or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Tiedule C (I	01111 990 01 990-12) 2008		Page
Part II-B	To be completed by organizations exempt under section $501(c)(3)$ that I	nave NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C fo	r details.)	
		(a)	(b)

		(a) (b)		
		Yes	No	A mount
L	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			
а	Volunteers?		No	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		3
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			3:
	1)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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			

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.)

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

			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.)

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).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
С	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

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation

1 \$

Part IV Supplemental I								
		Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

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.

Name of the organization
Alegent Health Foundation INC

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

Total number at end of year

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?

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

Pur	rpose(s) of conservation easements held by the organization (chec	k all i	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
Γ	Protection of natural habitat	\sqcap	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

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

Held at the End of the Year

2a

2b

2c

2d

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

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

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

⊫ \$

(ii) Assets included in Form 990, Part X

- \$

► \$

- 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 Co	llections of Art,	HIS	<u>tori</u>	<u>cai ireasur</u>	es, or Otne	r Similar Asse	ts (co	ntinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that are	a significant us	se of its collection		
аГ	Public exhibition		d	Γ	Loan or exch	ange programs			
ь「	Scholarly research		e	Γ	Other				
c [Preservation for future generations								
	Provide a description of the organization's co Part XIV	ollections and explain	n hov	v the	y further the or	ganızatıon's ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ılar	res (┌ No
Part	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					nization answ	ered "Yes" to Fo	rm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontributions or	other assets r	ot	r es	┌ No
b 1	If "Yes," explain why in Part XIV and comple	te the following table	9						
							A mou	nt	
_	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					1f			
2a [Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	fes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Part	Endowment Funds. Complete							Faur V	aara Daali
1a	Beginning of year balance	(a)Current Year 7,744,172	(D) Prior	Year (c) I wo	Years Back (a)	Three Years Back (e)	Four Ye	ears Back
	Contributions	1,259,786							
	Investment earnings or losses	-901,726							
	Grants or scholarships	7,750							
	Other expenditures for facilities	1,210,236							
	and programs	1,210,230							
f ,	Administrative expenses								
g	End of year balance	6,884,246							
2 F	Provide the estimated percentage of the yea	r end balance held as	5						
а [Board designated or quasi-endowment 🕨								
	Permanent endowment 🕨 48 000 %								
	Term endowment ► 52 000 %								
	A re there endowment funds not in the posse:	ssion of the organiza	tıon t	hat a	are held and ad	Iministered for	the		
	organization by	•						Yes	No
((i) unrelated organizations			•			3a(i)		No
	(ii) related organizations						3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•					3b		<u> </u>
	Describe in Part XIV the intended uses of th					-t V 1 10			
Part	VI Investments—Land, Buildings	s, and Equipmen	I t. 5			,			
	Description of investment				a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
	and								
b B	uildings		•			26,803	10,536		16,267
c Le	easehold improvements		•						
d E	quipment		•	_		96,068	38,530		57,538
	ther		•						
							▶		73,805

Part VII Investments—Other Securities. See	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation 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. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation year market value
		2002 01 0114-01-	y sar marries value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,			
(a) Descr	ription		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part	T'		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
INTERCOMPANY LIABILITIES	4,629,241	-	
		-	
Table (California / h) should a sufference on a survey of the survey of			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,629,241		

Total revenue (Form 990, Part VIII, column (A), line 12)

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	
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
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		
а	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	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	<u>Return</u>
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		
а	Donated services and use of facilities	4	
b	Prior year adjustments	4	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	4	
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	-	
Ь	Other (Describe in Part XIV)	┥╻│	
с _	Add lines 4a and 4b	4c	
5 Dar	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	TXIV Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	- wt VIV	lines the sed 25
Con	iplete this part to provide the descriptions required for Part II, lines 3, 3, and 9, Part III, lines I a and 4, Pa	αιι ΛΙΥ ,	nnes in and ZD,

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH FOUNDATION, INC
		PART X - 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

 $Part\ V\ ,\ line\ 4\ ,\ Part\ XI\ ,\ line\ 8\ ,\ Part\ XII\ ,\ lines\ 2d\ and\ 4b\ ,\ and\ Part\ XIII\ ,\ lines\ 2d\ and\ 4b\ ,\ and\ Ab\ ,\ and\$

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DLN: 93493134051870

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2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

iterilar i veveriue Service						Inspection				
ame of the organization					Employer ider	ntification number				
legent Health Foundation INC					47-0648586					
Part I Fundraising Act	ivities. Complete	e if the or	ganızat	on answered "Yes"	to Form 990, Part IV	, line 17.				
Indicate whether the organ a Mail solicitations b Email solicitations	ızatıon raısed funds	through ar	ny of the	e Solicitation of r	eck all that apply non-government grants government grants					
c Phone solicitations d In-person solicitations				g Special fundrai	-					
la Did the organization have a or key employees listed in			•	. 3	,	Гуеѕ Г				
b If "Yes," list the ten highes to be compensated at least										
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No		.,					
otal	<u> </u>		▶							
<u> </u>				l	ı					

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

Par	t II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, line eipts greater than \$5,0	e 18, or 000.	repor	ted
		' '	(a) Event #1	(b) Event #2	(c) O ther Events	(d) To		
			Evening With Friends	JEWELS OF AUTUMN	1	(Addcol (a		rough
			(event type)	(event type)	(total number)			
RUE	1	Gross receipts	50,340	99,280	47,600		19	7,220
Revenue	2	Less Charitable contributions	24,011	52,061	. 24,500		10	0,572
	3	Gross revenue (line 1 minus line 2)	26,329	47,219	23,100		9	6,648
	4	Cash Prizes						
Ises	5	Non-cash Prizes						
cper	6	Rent/Facility costs	6,882					6,711
Direct Expenses	7	Other direct expenses	17,102	39,991	. 28,661			5,754
<u>D</u>	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		10	2,465
	9	Net income summary Combine lin	es 3 and 8 in column (d)				-	5,817
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, line		'Yes" to Form 990, Pa	irt IV, line 19, or repoi	rted mor	e thar	ı
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
쬬	1	Gross revenue						
		Cash prizes						
Direct Expenses	3	Non-cash prizes						
ភ័ ស	4	Rent/facility costs						
Ā	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u> </u>	┌ Yes%_ ┌ No	Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)				
9	Ent	er the state(s) in which the organizat					Yes	No
а		the organization licensed to operate (gamıng actıvıtıes ın each	of these states?		· 9a		
b	1t "	No," Explain						
10-	<u></u>			d	. the toy year?	Н.,		
10a b		re any of the organization's gaming li Yes," Explain	censes revokea, suspen	ded or terminated during	the tax year?	10a		
	_							
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11		<u> </u>
_		med to administer charitable gaming?					1	

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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	
Ь	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		
а	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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OMB No 1545-0047

DLN: 93493134051870

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public **Inspection** Employer identification number

Alegent Health Foundation INC						47-0648586	
Part I General Inform 1 Does the organization mathe selection criteria used 2 Describe in Part IV the o	intain records to s d to award the grar	nts or assistance?	of the grants or assista				✓ Yes
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addit	ny recipient that rece cional space is	eived more than \$5,00	00. Check this box	tes. Complete if the of fine one recipient recipient	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AH-BERGAN MERCY HEALTH SYSTEM7500 MERCY ROAD OMAHA,NE 68124	47-0484764	501(C)(3)	95,981				FURTHER EXEMPT PURPO SE
AH-IMMANUEL MEDICAL CENTER6901 North 72nd Street OMAHA,NE 68122	47-0376615	501(C)(3)	590,859				FURTHER EXEMPT PURPO SE
ALEGENT HEALTH12809 WEST DOGDE ROAD OMAHA,NE 68154	47-0757164	501(C)(3)	446,065				FURTHER EXEMPT PURPO SE
2 Enter total number of sec	tion F01/a)/3) and						

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)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIP	30	20,500			

Part IV Supplem See Additional Data Table		Complete this part to provid	e the information required	in Part I, line 2, and any ot	her additional information.
Ident if ier	Return Reference	Explanation			
Other Information	Part IV	Schedule I, Part I, ATTEND MIDLANI WILL BE GIVEN TO QUALIFIED NURS NEBRASKA WILL E COLLEGE OR ITS MEET THE ELIGIB CARE A COMMIT RECIPIENTS OF T GRANT WITH ACA SCHOLARSHIP FO RADIOLOGY FIEL DEPARTMENT SHA REASONABLE CRI FOR STUDENTS P PHYSICAL, RESPI MEDICAL TECHNO ACCREDITED SCH SCHOOLS, AND H ACCEPTED INTO DEGREES ARE INE LIMITED TO FINA PREFERENCE WILL CENTER AND THE STUDENTS MAY A ARE IN AN ACCRE APPLY AGAIN IN SEVERAL CRITER: SUBMITTED LETT PERSONALLY AFF HAVE FAMILY ME APPLICATION TH HANS M LINK OR SCHOLARSHIPS WA AUXILIARY NURS: ENROLLED IN AN SCHOOL THE APP GPA OF AT LEAST FOLLOWING CRIT AND PROFESSION VOLUNTEERISM A CENTER, THE OM FAMILY PHYSICAL TIME, OR ON-CAL ACHIEVED JUNIO THE FOLLOWING AT AN ACCREDIT OR PART-TIME ST DESIRE TO SERVE HEALTH DEGREE APPLICANTS WILL NO APPLICANT WILL NO APPLICANT WILL NO APPLICATE TO APPLICATE APPLICATE TO APPLICATE APPLICATE TO APPLICATE APPLICATE TO	D LUTHERAN COLLEGE OF NO STUDENTS FROM SEWARD ING STUDENTS FROM SEWARD ING STUDENT FROM SEWARD ING SCHOLARSHIP ING STUDENT FROM SEWARD ING SCHOLARSHIP	URSING AND HAVE ATTAINED COUNTY IN NEBRASKA IN TO COUNTY, MIDLAND NURSING STUDENTS OF THE IMMANUEL SCHOOL OF RESPIRATORY IN THE CHOSEN MAY ESTABLISE DETERMINING FACTOR ELIGIBLE CHOSEN MAY ESTABLISE THE COUNTY MEDICAL RECORD IN THE COUNTY MEDICAL RESORD IN THE COUNTY MEDICAL RECORD IN TH	MANUEL HEALTH SYSTEMS OR WHO SCHOLARSHIP IS NOT AVAILABLE BY TS THAT MERIT, BUT DID NOT RECEIVE, E COMMUNITY APPEALS & FERENCE WILL BE GIVEN TO AL CENTER AND THE IMMANUEL HEALTH ARA K GOODRICH IMMANUEL AL CENTER EMPLOYEES WHO ARE IME BASIS, AS DETERMINED BY THE PECIFIC PROGRAM AND MAINTAIN A D BASED, MERIT SCHOLARSHIP THE HOLARSHIP COMMITMENT TO NURSING TO CHARACTER AND VALUES, ONTRIBUTE TO IMMANUEL MEDICAL F NURSING WILLIAM D VANN AND STUDENTS WHO ARE FULL-TIME, PART- ADUATE STUDENTS WHO HAVE T AVERAGE OF 2 50 STUDYING ONE OF IRATORY, OR RECREATIONAL THERAPY UNDING AREAS, BE CONSIDERED FULL OL, AND HAVE AN INTEREST AND ACCEPTED INTO THE SCHOOL OR ORAL DEGREES ARE INELIGIBLE G BUT NOT LIMITED TO FINANCIAL UBMITTED PREFERENCE WILL BE GIVEN AND HAVE AND THE IMMANUEL D THE APPLICANT OF THE MERCY NURSING STUDENT WHO HAS DONE NAL RECOMMENDATION FROM AN ANURSING STUDENT WHO HAS DONE NAL RECOMMENDATION FROM AN ANURSING PROGRAM CURRENT MERCY OR THE SCHOLARSHIP APPLICANTS IMITED TO FINANCIAL NEED, TED PREFERENCE WILL BE GIVEN TO OR WHO HAVE FAMILY MEMBERS WHOM TO THE COMMUNITY LAKESIDE ZE THE GIFT OF TIME GIVEN BY TEEN IMUM OF 50 HOURS IN THE PAST YEAR PERMANENT RESIDENTS OF NEBRASKA AHA SCHOOLS APPLICANTS MUST
	i i	i			

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Questions Regarding Compensation

As Filed Data -

DLN: 93493134051870

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 Foundation INC

Employer identification number

47-0648586

				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I 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 w provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	,	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t	·			
	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			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a	<u> </u>	Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	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, payments not described in lines 5 and 6? If "Yes,"		7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		Νo

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-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DOUGLAS DUNNING MD	(I) (II)	239,540	27,321	13,634	15,850	20,303	316,648	
SHANE SEYMOUR	(I) (II)	201,908	64,339	10,116	60,383	10,817	347,563	
	(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

Ident if ier	Ret urn Reference	Explanation
	Part I, Line 6	Compensation for members of management of Alegent Health and related entities is determined at a system level SHANE SEYMOUR IS A MEMBER OF ALEGENT HEALTH management and IS eligible for an annual incentive bonus. 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	PART I, LINE 3 - The top management official for ALEGENT HEALTH FOUNDATION, INC is SHANE SEYMOUR, the Alegent Health CHIEF DEVELOPMENT OFFICER ALEGENT HEALTH FOUNDATION, INC relies on Alegent Health to establish the compensation of the Alegent Health CHIEF DEVELOPMENT OFFICER This position is a management position within Alegent Health, in which Alegent Health Human Resources completes a compensation market study to determine salary
-		
-		
-		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134051870 **SCHEDULE M** OMB No 1545-0047 Non-Cash Contributions (Form 990) To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury Attach to Form 990 Internal Revenue Service Inspection Name of the organization **Employer identification number** Alegent Health Foundation INC 47-0648586 Part I Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 2,225 SELLING PRICE Art-Works of art . . Χ Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles Boats and planes . . . 8 Intellectual property . . Securities—Publicly traded . 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) Qualified conservation contribution (other) . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 Food inventory . . . 19 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . Scientific specimens . . Archeological artifacts . Canon SD Other (describe 950IS Χ 600 Selling Price Peggy Karr Х 80 Selling Price Other (describe Vino Square) Gıft basket and 2 dozen Other (describe <u>cookies</u> 380 Selling Price Χ Wine cellar 3,144 Selling Price Other (describe collection Digital Mammography Other (describe screening Χ 278 Selling Price Bone Density Χ 453 Selling Price Other (describe scan cert Coronary Wellness Other (describe scan Χ 2,413 Selling Price 2 NE Cornhusker football 104 Selling Price Other (describe <u>ticketS</u> Χ Wine glasses Other (describe <u>for 8</u> Χ 50 Selling Price Gıft Other (describe <u>certificate</u> Х 20 Selling Price 2 KC Chiefs football Other (describe <u>tickets</u> 280 Selling Price Other (describe Wine for 8 Χ 1 50 Selling Price Laptop bag and wireless 50 Selling Price Other (describe mouse Χ Autographed Nebraska Cornhusker Other (describe football 250 Selling Price Gıft Other (describe certificate 40 Selling Price Х Rat Pack Live concert tickets for 130 Selling Price Other (describe 11/09/08 Necklace and 75 Selling Price Х Other (describe bracelet Hand crafted Other (describe bird feeder Χ 50 Selling Price 4 Creighton University Basketball Χ 110 Selling Price Other (describe <u>tickets</u> 18 hole golf for four plus Other (describe golf cart Х 312 Selling Price Wine, wine rack, and Other (describe wine glasses) 150 Selling Price Χ Executive wooden wine case with Х 75 Selling Price Other (describe <u>accessories</u>) 2 Nebraska Cornhusker football Other (describe <u>tickets</u> 104 Selling Price Other (describe Bracelet Χ 1 25 Selling Price 9" custom cake and gourmet 50 Selling Price Other (describe coffee for 8 Χ Coffee Other (describe <u>assortment</u> Χ 60 Selling Price Produce for 8 (with tour and handpicking Other (describe of vegeta 40 Selling Price Hotel/dinner package for Other (describe two 400 Selling Price 1 night stay ın the Jacuzzı Suite at the Other (describe Bellevue Χ 102 Selling Price Tailgate party food for Χ 150|Selling Price Other (describe 15 _) 2009 Masters Golf Other (describe Getaway Χ 15,000 Selling Price 2 - \$50 qift Other (describe <u>certificates</u> Χ 100 Selling Price Family pass to I-80 speedway with model Х 100 Selling Price Other (describe <u>cars</u> and r Godiva 75 Selling Price Other (describe <u>assortment</u> Х Two season tickets to Omaha Beef Χ 300 Selling Price Other (describe games Diamond Other (describe necklace Χ 425 Selling Price Framed Marılyn Monroe pinup Χ Other (describe poster 40 Selling Price Shopping spree gift Other (describe <u>certificate</u> 100 Selling Price Х 4 tickets to New Kids on the Block 388 Selling Price Other (describe concert Х 4 tickets to Creighton basketball 150 Selling Price Other (describe game Evening for two - dınner, Other (describe movie, coffee) Χ 100 Selling Price 70 Selling Price Other (describe <u>certificates</u> Χ 1 25 Selling Price Other (describe Gift card Jelly Belly dispeser and 50 Selling Price Х Other (describe candy Gıft certificates to Fatburger, Nebraska 150 Selling Price Other (describe Brewing C 2 Glittery Glam Express Makeover Other (describe packages Χ 235 Selling Price Χ 840 Selling Price Other (describe paIntings New York strıp steaks and shrimp Other (describe <u>for 8</u> Χ 110 Selling Price Two days/two nights for two at Missouri Χ 300 Selling Price Other (describe River Hunt Treatment and Exuviance skın care 290 Selling Price Other (describe products Х Nu-Derm skın care products, Other (describe cosmetic bag) Χ 143 Selling Price Kınerase skın care products, tee Other (describe shirt 250 Selling Price Teamine skin care products and Panache Other (describe Salon & Day) Х 175 Selling Price Treatment and Electrolysis Other (describe service 206 Selling Price Treatment and Prevage MD skin care Χ 120 Selling Price Other (describe products RevEALskin products and Starbucks 340 Selling Price Other (describe coffee Neutrogena skın care Χ 148 Selling Price Other (describe products Treatment and skin care Other (describe products Χ 257 Selling Price Cancer Survivor's Other (describe gift basket 75 Selling Price organization Other (describe <u>set</u> Χ 285 Selling Price Italian dinner 150|Selling Price Χ Other (describe party basket) Hand-crafted wine rack and 600 Selling Price Other (describe wine Cancer Survivor's Other (describe gift basket Χ 75 Selling Price Silver Oak Alexander Valley Cabernet in Other (describe vertical c Х 1 800 Selling Price 3 bottles of Viader of Χ 1 250 Selling Price Other (describe wine 4 tickets to Lancer 56 Selling Price Other (describe <u>hockey game</u>) Х 2 Bubbling boulder water Χ 4,000 Selling Price 1 Other (describe <u>features</u> 42" Plasma 1,000 Selling Price Other (describe Television Χ 2 tickets to ΝE Cornhusker Other (describe football game) Χ 104 Selling Price Go Big Red Other (describe gift basket Χ 100 Selling Price Platinum Spa 1 250 Selling Price Х Other (describe Package 2 One-hour massage gift Х 140 Selling Price Other (describe <u>certificates</u>) One year membership 1,800 Selling Price Χ Other (describe for two Gıft 140 Selling Price Other (describe <u>certificate</u> Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes", describe the arrangement in Part II 31 N <u>o</u> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2008

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation		
240111111	Notal III Colored	Explanation		
	1	1		

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

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

► Attach to Form 990. To be completed by organizations to provide additional information for

DLN: 93493134051870OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Alegent Health Foundation INC **Employer identification number**

47-0648586

ldentifier	Return Reference	Explanation
		IN ADDITION TO SUPPORTING ALEGENT HEALTH, ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM AND
Form 990,	Other	ALEGENT-IMMANUEL MEDICAL CENTER, ALEGENT HEALTH FOUNDATION, INC. ALSO GRANTS SCHOLARSHIPS
Part III, line	Program	TO QUALIFIED RECIPIENTS ALEGENT Health FOUNDATION, INC ACTIVELY ENCOURAGES, RECEIVES AND
4d	Services	MANAGES INDIVIDUAL GIFTS, BEQUESTS, MEMORIALS, PLANNED OR DEFERRED GIFTS AND CONTRIBUTIONS
		SUCH AS REAL ESTATE AND OTHER PROPERTY Expenses \$ 51862 including grants of \$ 51862 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Alegent Health Foundation, INC has one member, Alegent Health

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ALEGENT HEALTH MAY DESIGNATE ITS BOARD CHAIR AND/OR ITS CHIEF EXECUTIVE OFFICER, OR HIS/HER DESIGNEE, TO SERVE EX OFFICIO WITHOUT VOTE, AS SPONSORSHIP ADVISOR TO THE BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		IN ADDITION TO ALL THE RIGHTS AND POWERS GRANTED BY LAW WITH RESPECT TO THE GOVERNANCE OF THIS CORPORATION, THE MEMBER SHALL HAVE THE RIGHT TO A INITIATE AND APPROVE ANY AMENDMENTS TO The ARTICLES OF INCORPORATION OR BY LAWS OF THE CORPORATION B INITIATE AND APPROVE JOINT VENTURES IN WHICH CORPORATION PROPOSES TO PARTICIPATE PURSUANT TO GUIDELINES ESTABLISHED FROM TIME TO TIME BY THE MEMBER C APPROVE AND REMOVE, WITH OR WITHOUT CAUSE, ALL MEMBERS OF THE BOARD OF DIRECTORS D INITIATE AND APPROVE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF CORPORATION E INITIATE AND APPROVE THE DISSOLUTION, LIQUIDATION, MERGER OR CONSOLIDATION OF CORPORATION F INITIATE AND APPROVE THE INCORPORATION OR DISSOLUTION OF AFFILIATED ENTITIES OF CORPORATION

ldentifier	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 FOUNDATION, INC. Form 990 by Alegent Health internal tax staff, the return is reviewed by the Alegent Health Tax Director, External Tax Advisor and the Chief Financial Officer. The final tax return is posted to Alegent HEALTH'S electronic DIRECTOR'S portal to be reviewed and presented at the Alegent Health Finance and Audit Committee of the Board. The Chief Financial Officer and Tax Director are present at the Alegent Health Finance and Audit Committee meeting to answer questions. Therefore, review prior to filing is completed on a system level and not by ALEGENT HEALTH FOUNDATION, INC. Board of Directors.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		Written Conflict of Interest Policy - ALEGENT HEALTH FOUNDATION, INC 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 ALEGENT HEALTH FOUNDATION 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The conflict of interest policy is made available to the public on OUR wiebsite at www alegent com ALEGENT HEALTH FOUNDATION, INC 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

ldentifier	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 SYSTEM finance and audit committee oversees the audit process.

ldentifier	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 FOUNDATION, INC How ever, through a common pay agent agreement, the employees are paid by Alegent Health and payroll expenses are allocated to ALEGENT HEALTH FOUNDATION, INC

ldentifier	Return Reference	Explanation
FORM 990, Part V, Line 1c		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 FOUNDATION, INC. 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 FOUNDATION, INC. ARE REPORTED.

ldentifier	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

DLN: 93493134051870

OMB No 1545-0047

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** Alegent Health Foundation INC 47-0648586 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Part III	Identification of Rela	ated 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		rtionate	Code V—UBI amount on Box 20 of K-1	Gene man	J) eral or aging tner?
		'	1	<u> </u>			Yes	No		Yes	No
	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER	RELATED				No			No
AVANTAS LLC 11128 JOHN GALT BLVD STE 400 OMAHA, NE68124 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	RELATED				No			No
	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	RELATED				No			No
	AMBULATORY SURGICAL CENTER	NE	ALEGENT HEALTH	RELATED				No			No
3606 N 156th Street Suite 104 OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT HEALTH	RELATED				No			No
	PARENT HOLDING COMPANY ASC	NE	ALEGENT HEALTH	RELATED				No			No
	AMBULATORY SURGICAL CENTER	NE	Omaha Ambulatory Investment Company LLC	RELATED				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
	MANAGED CARE SERVICES	NE	ALEGENT HEALTH	С			

(6)

Part V Transactions with Related Organizations
--

Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions	with one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entit	у		1a		No
Ь	Gift, grant, or capital contribution to other organization(s)			1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1 c	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 orga	inization(s)		1k		No
ı	Performance of services or membership or fundraising solicitations by other organ	nization(s)		11		No
n	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			10	Yes	
р	Reimbursement paid by other organization for expenses			1р		No
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
	If the answer to any of the above is "Yes," see the instructions for information on	who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(4)						
(5)						

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		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: **Software Version:**

EIN: 47-0648586

Name: Alegent Health Foundation INC

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-BERGAN MERCY HEALTH SYSTEM										
7500 MERCY ROAD OMAHA, NE68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH					
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER										
6901 NORTH 72ND STREET OMAHA, NE68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH					
ALEGENT HEALTH-MERCY HOSPITAL CORNING IA					ALEGENT HEALTH-					
603 ROSARY DRIVE CORNING, IA50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	BERGAN MERCY HEALTH SYSTEM					
MERCY HEALTH CARE FOUNDATION CORNING IA	SUPPORT OF ALEGENT HEALTH				ALEGENT HEALTH-					
603 ROSARY DRIVE CORNING, IA 50841 42-1461064	MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	MERCY HOSPITAL CORNING IA					
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER NE					ALEGENT HEALTH-					
104 WEST 17TH STREET SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	IMMANUEL MEDICAL CENTER					
SCHUYLER MEMORIAL HOSPITAL FOUNDATION	CURROR OF ALECENT HEALTH				ALEGENT HEALTH MEMORIAL					
104 WEST 17TH STREET SCHUYLER, NE68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL, SCHUYLER EXEMPT ACTIVITIES	NE	501(C)(3)	L11 I	HOSPITAL SCHUYLER					
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA					ALEGENT HEALTH-					
631 NORTH 8TH STREET MISSOURI VALLEY, IA51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	IMMANUEL MEDICAL CENTER					
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION	SUPPORT OF ALEGENT HEALTH				ALEGENT HEALTH					
631 NORTH 8TH STREET MISSOURI VALLEY, IA51555 42-1294399	COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA	IA	501(C)(3)	L11 I	MEMORIAL HOSPITAL OF MISSOURI VALLEY IA					
MERCY HOSPITAL FOUNDATION					ALEGENT HEALTH-					
800 MERCY DRIVE COUNCIL BLUFFS, IA 51 50 3 42-1178204	SUPPORT OF ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	IA	501(C)(3)	L11 I	BERGAN MERCY HEALTH SYSTEM					
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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
(A) Name, address, and EIN of related organization	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) Dispro allocat	prtionate ions?	(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Gene Mana	J) eral or aging tner?
							Yes	No	1	Yes	No
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PRO FESSIO NA L TECH SERVICES	NE	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER	RELATED				No			No
AVANTAS LLC			ALEGENT HEALTH-								
11128 JOHN GALT BLVD STE 400 OMAHA, NE68124 39-2045003	STAFFING OF NURSES	ΝE	BERGAN	RELATED				No			No
Lakeside Endoscopy Center LLC											
17001 Lakacida Hills Plaza	AMBULATORY SURGICAL CENTER		A LEGENT HEA LT H	RELATED				No			No
Lakeside Ambulatory SuRgical Center LLC											
17030 Lakacida Hille Plaza	AMBULATORY SURGICAL CENTER		A LEGENT HEA LTH	RELATED				No			Νο
Alegent Health Northwest Imaging Center LLC											
3606 N 156th Street Suite	DIAGNOSTIC TESTING FACILITY		A LEGENT HEA LTH	RELATED				Νο			No
O maha A mbulatory							 				
Investment Company LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC		A LEGENT HEA LTH	RELATED				Νο			No
	AMBULATORY SURGICAL CENTER	ΝE	Omaha Ambulatory Investment Company LLC	RELATED				Νο			No