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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization
ALEGENT HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12809 WEST DODGE ROAD

City or town, state or country, and ZIP + 4
OMAHA, NE 68154

D Employer identification number
47-0757164

E Telephone number
(402) 343-4323

G Gross receipts $ 276,035,570

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

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW ALEGENT COM

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

L Year of Formation 1992

M State of legal domicile NE

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	12,036
6	Total number of volunteers (estimate if necessary)	6	597
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,234,280
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,811,709	1,766,353
9	Program service revenue (Part VIII, line 2g)	206,775,814	230,137,296
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,598,663	471,446
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,363,063	40,536,658
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,549,249	272,911,753
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,347,580	9,790,879
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,072,867	106,992,057
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	157,682,215	130,067,400
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	252,102,662	246,850,336
19	Revenue less expenses Subtract line 18 from line 12	23,446,587	26,061,417

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	328,846,309	434,550,454
21	Total liabilities (Part X, line 26)	219,071,078	316,951,850
22	Net assets or fund balances Subtract line 21 from line 20	109,775,231	117,598,604

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-14

SCOTT M WOOTEN SENIOR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Heidi Kriete | Date | Check if self-employed ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, TWO CENTRAL PARK PLAZA SUITE 1501, OMAHA, NE 681021626 | EIN ▶ | Phone no ▶ (402) 348-1450

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 18,511,597 including grants of $ 968,446) (Revenue $ 117,402,348)

Alegent Health Lakeside Hospital and Alegent Health Midlands Hospital staffs are focus on restoring PATIENTS' health by using personalized care and state-of-the-art technology The Diagnostic Center at both hospitals is equipped with the latest digital imaging technology Healthcare providers have medical information at their finger tips, so diagnosis is quicker and treatment can be started sooner Each Diagnostic Center offers a full range of diagnostic imaging services including but not limited to the following MRI, CT scanning, PET/CT scan, Ultrasound, Mammograms, Nuclear medicine, Clinical laboratory, X-ray imaging, Pulmonary services, Outpatient Laboratory Testing, Angiography and Radiography

4b (Code) (Expenses $ 11,764,162 including grants of $ 615,449) (Revenue $ 58,452,649)

Alegent Health Midlands Community Hospital and Alegent Health Lakeside Hospital offer a wide range of comprehensive cardiovascular services in the region, using a team approach to address the total needs of the cardiovascular patient Alegent Health provides a comprehensive range of cardiac services, including but not limited to Hi-Tech Diagnosis and Intervention, cardiac catheterization lab, echocardiography, vascular ultrasound, heart scans and heart checks, angioplasty and drug-eluting stents

4c (Code) (Expenses $ 7,386,610 including grants of $ 386,435) (Revenue $ 44,600,739)

The Alegent Health Emergency Departments provide expert treatment for adults and children Whether it's a life-threatening medical condition or high fever, experienced staff is trained and ready to handle a wide range of emergency situations Alegent Health is constantly working to find new and better ways to make sure each patient receives the best, most efficient emergency care possible The Emergency Department consistently scores in the highest percentile for quality of care, nurse and doctor understanding and caring, as well as the least amount of time patients spend waiting for emergency care

(Code) (Expenses $ 149,487,854 including grants of $ 7,820,549) (Revenue $ 39,183,171)

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

4e Total program service expenses $ 187,150,223 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	992		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	12,036		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

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

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

SCOTT WOOTEN SENIOR VPCFO
12809 WEST DODGE ROAD
Omaha, NE 68154
(402) 343-4323

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

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

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

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

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

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

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

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

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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,429,391	8,745,745	6,621,841

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 108

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Bozell & Jacobs LLC 13801 Fnb Pkwy Ste 400 Omaha, NE 68154	Marketing Services	5,450,672
Pulmonary Medicine Specialists PC 7710 Mercy Road STE 428 Omaha, NE 68124	Physician Group	2,934,155
CASSLING DIAGNOSTIC IMAGINGINC 13808 F STREET OMAHA, NE 68137	DIAGNOSTIC IMAGING SERVICES	1,568,412
SSB Solutions Inc 15 Venezia newport Coast, CA 92657	Consulting	1,176,226
Omaha MOB Owners LLC 11360 Jog Rd Ste 200 Palm Beach Gardens, FL 33418	Real Estate	1,098,090

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 66

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 446,065				
	e	Government grants (contributions) 1e 185,411				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,134,877				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	1,766,353			
Program Service Revenue		Business Code				
	2a	NET PATIENT SVC REVENU	561,300	216,293,166	215,968,465	324,701
	b	MANAGEMENT SVCS-AFFIL	900,003	8,615,325	8,615,325	
	c	PHARMACY SALES	446,110	3,034,156		831,079
	d	COMMUNITY BENEFIT TRUS	900,099	1,251,723	1,251,723	
	e	FOOD & NUTRITION	722,320	772,617		74,293
	f	All other program service revenue		170,309	170,309	
	g	**Total. Add lines 2a-2f** ▶ $ 230,137,296				
	3	Investment income (including dividends, interest other similar amounts)	477,571		-334,645	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 4,169,217				
	b	Less rental expenses 2,955,798				
	c	Rental income or (loss) 1,213,419				
	d	Net rental income or (loss)	1,213,419			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 161,894				
	b	Less cost or other basis and sales expenses 168,019				
	c	Gain or (loss) -6,125				
	d	Net gain or (loss)	-6,125			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	REIMBURSED SERVICES 900,099	33,633,085	33,633,085		
	b	OTHER INCOME 812,900	4,665,958		335,147	4,330,811
	c	OPERATING JOINT VENTUR 900,003	716,772			716,772
	d	All other revenue _____	307,424		3,705	303,719
	e	**Total. Add lines 11a-11d** $ 39,323,239				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	272,911,753	259,638,907	1,234,280	10,272,213

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	913,994	913,994		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	8,876,885	8,876,885		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,070,484	2,456,387	614,097	
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	83,390,200	66,712,160		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,017,437	4,813,950	1,203,487	
9 Other employee benefits	5,619,778	4,495,822	1,123,956	
10 Payroll taxes	8,894,158	7,115,326	1,778,832	
11 Fees for services (non-employees)				
a Management				
b Legal	719,871		719,871	
c Accounting	322,449		322,449	
d Lobbying	158,482	158,482		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	21,805,768		21,805,768	
12 Advertising and promotion	5,194,833	4,155,866	1,038,967	
13 Office expenses	40,691,067	32,552,854	8,138,213	
14 Information technology				
15 Royalties				
16 Occupancy	8,154,610	6,523,688	1,630,922	
17 Travel	1,273,364	1,018,691	254,673	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	1,148,525	918,820	229,705	
20 Interest	653,216	522,573	130,643	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,070,676	17,019,207	51,469	
23 Insurance	1,397,288	1,117,830	279,458	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT	12,979,438	12,979,438		
b Taxes & Licenses	9,070,678	7,256,542	1,814,136	
c PURCHASED SERVICES	7,370,662	5,896,530	1,474,132	
d Membership & Dues	742,936	594,349	148,587	
e Recruiting	641,303	513,042	128,261	
f All other expenses	672,234	537,787	134,447	
25 **Total functional expenses.** Add lines 1 through 24f	246,850,336	187,150,223	59,700,113	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,273,547	1	2,068,157
	2	Savings and temporary cash investments			2	12,232,646
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		27,062,994	4	23,585,713
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		16,622	7	9,132
	8	Inventories for sale or use		3,573,975	8	3,884,507
	9	Prepaid expenses and deferred charges		4,518,217	9	3,276,752
	10a	Land, buildings, and equipment cost basis	10a 500,833,660			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 205,018,800	210,284,509	10c	295,814,860
	11	Investments—publicly traded securities		5,299,624	11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		7,851,097	12	9,310,454
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		68,965,724	15	84,368,233
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		328,846,309	16	434,550,454
Liabilities	17	Accounts payable and accrued expenses		110,665,639	17	203,226,607
	18	Grants payable			18	
	19	Deferred revenue		183,101	19	267,334
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable		62,598,013	24	60,330,158
	25	Other liabilities *Complete Part X of Schedule D*		45,624,325	25	53,127,751
	26	**Total liabilities.** *Add lines 17 through 25*		219,071,078	26	316,951,850
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		109,775,231	27	117,598,604
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		109,775,231	33	117,598,604
	34	Total liabilities and net assets/fund balances		328,846,309	34	434,550,454

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

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

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

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

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

Public Support

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

Total Support

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

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

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

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

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

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

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

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

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

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

Facts and Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
ALEGENT HEALTH	47-0757164

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	158,482	176,941
c Total lobbying expenditures (add lines 1a and 1b)	158,482	176,941
d Other exempt purpose expenditures	246,691,854	502,965,887
e Total exempt purpose expenditures (add lines 1c and 1d)	246,850,336	503,142,828
f Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	1,000,000

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		11,388,038		11,388,038
b Buildings		124,682,441	38,344,740	86,337,701
c Leasehold improvements		13,464,400	5,716,146	7,748,254
d Equipment		255,016,658	160,957,914	94,058,744
e Other		96,282,123		96,282,123
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				295,814,860

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

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

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

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

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

(a) Description	(b) Book value
LAND HELD FOR EXPANSION	3,720,150
INTERCOMPANY RECEIVABLES	78,594,257
CASH SURRENDER VALUE OF LIFE INSURANCE	2,053,826
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	84,368,233

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY PAYOR RESERVE	27,137
DEFERRED COMPENSATION/RETIREMENT PROGRAMS	1,576,230
MINIMUM PENSION LIABILITY	29,699,323
INTERCOMPANY LIABILITIES	20,840,239
INVESTMENT IN BOYSTOWN	984,822
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	53,127,751

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
		PART X - THE ENTITIES REPORTED IN THE CONSOLIDATED AUDIT HAVE ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) DURING 2008 FIN 48 PROVIDES SPECIFIC GUIDANCE ON HOW TO ADDRESS UNCERTAINTY IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, PRESCRIBING RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES THE ADOPTION OF FIN 48 BY THESE ENTITIES DID NOT HAVE A MATERIAL IMPACT ON THEIR FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

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

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

7 Charity Care and Certain Other Community Benefits at Cost

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

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

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

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

Section B. Medicare

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

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ALEGENT HEALTH MIDLANDS HOSPITAL 11111 S 84TH STREET PAPILLION,NE 68046	X	X					X		
ALEGENT HEALTH LAKESIDE HOSPITAL 16901 LAKESIDE HILLS COURT OMAHA,NE 68130	X	X					X		
THE LIGHTHOUSE HEALTHCARE RESIDENCE 17600 ARBOR STREET OMAHA,NE 68130									SKILLED NURSING FACILITY

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

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

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

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

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

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 25

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHARITY CARE	5765		8,876,885	BOOK	REDUCE OR WRITE OFF OF PATIENT SERVICES

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 1 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS SCHEDULE I, PART I, LINE 2 ALEGENT HEALTH ONLY DISTRIBUTES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH THE SAME MISSION and PURPOSE AS THE ALEGENT HEALTH SYSTEM THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION
Other Information	Part IV	SCHEDULE I, PART III ALEGENT HEALTH RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	As part of the executive compensation arrangement, executives are provided with a set sum, approximately 30 - 40% of their base salary, which can be used to elect various benefits Some of the benefits available for election include health club dues, automobile allowance, financial planning fees and legal fees Payment for these benefits are either made directly by Alegent Health or reimbursed to the executive after the appropriate substantiation for the expense is provided The amount paid for these benefits are included in the EXECUTIVE'S wages as taxable income
	Part I, Line 4a	THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM ALEGENT HEALTH DURING THE 2008 CALENDAR YEAR AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON SCHEDULE J DUANE DAVID - $267,603 THEODORE SCHWAB - $146,229 Schedule J, Part I, Line 4b ALEGENT HEALTH HAS A NONQUALIFIED RETIREMENT PLAN THAT EXECUTIVES PARTICIPATE IN OF WHICH ANNUAL CONTRIBUTIONS ARE MADE IN ADDITION, The following reportable individuals received supplemental nonqualified retirement plan payments from Alegent Health during the 2008 calendar year and these supplemental payments were included in the INDIVIDUAL'S W-2 income and reportable as compensation on Schedule J Richard Hachten II - $60,230 Fred Hosler - $91,172 Jarrod Johnson - $24,603 Ann Jones - $26,101 Patricia Masek - $15,527 John May - $17,332 Joan Neuhaus - $29,226 Amy Protexter - $5,684 Theodore Schwab - $230,925 Shane Seymour - $9,964 Scott Wooten - $139,033
	Part I, Line 6	Compensation for members of management of Alegent Health and related entities is determined at a system level Members of management are eligible for an annual incentive bonus with the objective of attracting and retaining highly qualified management Management sets measurable individual accountabilities which align and contribute to the achievement of Alegent Health SYSTEM'S key performance indicators related to the SYSTEM'S strategic priorities Within the priorities are set measures that must be met in order for the bonus to be paid out One of the six measures is dependent on the financial results of the entire Alegent Health system for the fiscal year
Supplemental Information	Part III	SCHEDULE J, PART II THE ALEGENT HEALTH EXECUTIVES HAVE A PROVISION IN THEIR COMPENSATION AGREEMENT THAT PROVIDES FOR POTENTIAL SEVERANCE PAYMENTS IN THE EVENT OF TERMINATION WITHOUT CAUSE OR CHANGE OF CONTROL FOR EXAMPLE, MARTIN HICKEY'S CONTRACT STATES UPON TERMINATION WITHOUT CAUSE HE COULD RECEIVE TWO YEARS OF BASE SALARY AND CERTAIN BENEFITS THEREFORE, THE DEFERRED COMPENSATION COLUMN C INCLUDES $1,523,760 FOR THE AMOUNT OF SEVERANCE HE MAY OR MAY NOT RECEIVE IF TERMINATED ACCORDING TO THE COMPENSATION AGREEMENT

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Alegent Health gives back to our community through a variety of medical services and partnerships Alegent Health Quick Care provides urgent medical treatments, screenings and adult immunizations for patients 18 months and older Through our collaboration with other local community organizations such as Boys Town, Creighton University, Our Healthy Community Partnership and One World Community Health Center, Alegent Health is helping to identify and address community health needs In addition, Alegent Health also provides the following services maternity care services, mental and behavioral health care, oncology, procedure center and inpatient facilities including intensive care Expenses $ 149487854 including grants of $ 7820549 Revenue $ 39183171

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ALEGENT HEALTH has TWO CORPORATE MEMBERS, IMMANUEL HEALTH SYSTEMS (IHS) AND CATHOLIC HEALTH INITIATIVES (CHI)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		CHI AND IHS SHALL APPOINT SIX OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS, PROVIDED THAT EACH CORPORATE MEMBER SHALL RATIFY THE OTHER CORPORATE MEMBER'S APPOINTMENTS, WITH THE EXECPTION OF THE REPRESENTATIVE OF THE CORPORATE MEMBER WHICH APPOINTMENT WILL NOT REQUIRE RATIFICATION BY THE OTHER CORPORATE MEMBER IF A CORPORATE MEMBER DOES NOT RATIFY THE APPOINTMENT OF ONE OR MORE OF THE DIRECTORS APPOINTED BY THE OTHER CORPORATE MEMBER, THEN THE PROCESS WILL BE REPEATED UNTIL ALL OF THE DIRECTOR POSITIONS ARE FILLED

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

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

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

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

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

Identifier	Return Reference	Explanation
FORM 990, Part XI, Line 2A-2C AND PART IV, LINE 12		The ORGANIZATION'S financial statements are audited on a consolidated basis along with ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM AND Alegent Health-Immanuel Medical Center The ALEGENT HEALTH finance and audit committee oversees the audit process

Identifier	Return Reference	Explanation
FORM 990, Part I, Line 5 and Part V, Line 2A		ALEGENT HEALTH IS A COMMON PAY AGENT FOR RELATED ENTITIES WITHIN THE ALEGENT HEALTH SYSTEM THE NUMBER OF EMPLOYEES ON FORM 990, PART I, LINE 5 AND PART V, LINE 2A REPRESENT EMPLOYEES OF ALEGENT HEALTH AND EMPLOYEES OF RELATED ENTITIES THE PAYROLL EXPENSES OF THE RELATED ENTITIES ARE ALLOCATED BY ALEGENT HEALTH TO EACH ENTITY

Identifier	Return Reference	Explanation
FORM 990, Part V, Line 1a		Payments to vendors for entities that are part of the Alegent Health system are made by Alegent Health Alegent Health files the form 1099s and complies with the backup withholding rules for reportable payments to vendors and gaming winnings

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

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ALEGENT HEALTH QUICKCARE LLC 12809 WEST DODGE ROAD OMAHA, NE 68154 20-3437352	EXPRESS CARE CLINIC	NE	1,307,894	193,633	N/A

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N/A				No			No
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	N/A	RELATED	2,115,309	3,441,186		No			No
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	N/A	RELATED	856	834,301		No			No
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	N/A	RELATED	-246,108	1,507,211		No			No
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	N/A	RELATED	-46,745	735,956		No		Yes	
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	N/A				No			No
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Alegent Health-Creighton St Joseph Mgd Care Svcs INC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0802396	MANAGED CARE SERVICES	NE	N/A	C	2,349,868	2,079,465	80 000 %

Part V Transactions with Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT HEALTH

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6901 N 72ND STREET OMAHA, NE68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	N/A
ALEGENT HEALTH CLINIC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	N/A
ALEGENT HEALTH FOUNDATION 12809 WEST DODGE ROAD OMAHA, NE68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	N/A
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, NE68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	N/A
ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA 603 ROSARY DRIVE CORNING, IA50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM
MERCY HEALTH CARE FOUNDATION 603 ROSARY DRIVE CORNING, IA50841 42-1461064	SUPPORT OF ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA 631 N 8TH STREET MISSOURI VALLEY, IA51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION 631 N 8TH STREET MISSOURI VALLEY, IA51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY,IA	IA	501(C)(3)	L11 I	ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER 104 W 17TH STREET SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH STREET SCHUYLER, NE68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER EXEMPT PURPOSE	NE	501(C)(3)	L11 I	ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N/A				No			No
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	N/A	RELATED	2,115,309	3,441,186		No			No
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	AMBULATORY SURGICAL CENTER	NE	N/A	RELATED	856	834,301		No			No
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	N/A	RELATED	-246,108	1,507,211		No			No
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	N/A	RELATED	-46,745	735,956		No		Yes	
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	N/A				No			No
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	ALEGENT HEALTH FOUNDATION	C	446,065
(2)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	P	31,173,080
(3)	ALEGENT HEALTH CLINIC	P	3,528,725
(4)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	P	16,981,454
(5)	ALEGENT HEALTH CLINIC	I	1,561,114
(6)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	I	54,734
(7)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	I	97,230
(8)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	Q	74,676
(9)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Q	170,504

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

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
ALEGENT HEALTH	Form 990 Page 10	47-0757164

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

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

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

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

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

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	17,070,676

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

Section A

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

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

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

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

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

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	17,070,676
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

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

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI **Amortization**

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

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TY 2008 Affiliated Group Schedule

Name: ALEGENT HEALTH

EIN: 47-0757164

Affiliated Group Business Name:	ALEGENT HEALTH IMMANUEL MEDICAL CENTER
Address. Either US or Foreign Type:	6901 NORTH 72ND STREET OMAHA, NE 68122
EIN:	47-0376615
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	18,459
Total Lobbying Expenditures:	18,459
Other Exempt Purpose Expenditures:	256,274,033
Total Exempt Purpose Expenditures:	256,292,492
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Additional Data

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT HEALTH

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH LEE-EDDIE , DIRECTOR	4 00	X						0	0	0
ERIC GURLEY , DIRECTOR	4 00	X						0	0	0
JOHN C HEWITT , Vice-Chair	4 00	X		X				0	0	0
JOHN T REED , CHAIR	6 00	X		X				0	0	0
JOSEPH A JARZOBSKI MD , DIRECTOR	4 00	X						15,000	0	0
KEITH SCHMODE , DIRECTOR	4 00	X						0	0	0
LESLIE R ANDERSEN , Chair	5 00	X		X				0	0	0
LOWELL D NELSON , DIRECTOR	4 00	X						0	0	0
MARK G FRANCO MD , sECRETARY/TREASURER	5 00	X		X				23,500	0	0
MARTIN MANCUSO MD , DIRECTOR	4 00	X						0	0	0
Michael T DeFreece , Director	4 00	X						0	0	0
Paul Edgett III , Director	4 00	X						0	0	0
RANDAL KORTH , DIRECTOR	4 00	X						0	0	0
SR LILLIAN MURPHY RSM , DIRECTOR	4 00	X						0	0	0
SUSAN PEACH RN , DIRECTOR	4 00	X						0	0	0
RICHARD VIERK , DIRECTOR	4 00	X						15,000	0	0
ANTHONY HATCHER DO , Secretary/Treasurer	4 00	X		X				21,500	400,689	31,508
AMY PROTEXTER , SVP MARKETING & COMM	60 00			X				52,596	211,090	142,131
MARTIN HICKEY MD , AHC President and CEO	60 00			X				43,071	172,864	1,524,960
DUANE DAVID , SVP CLINICS	60 00			X				61,260	245,862	0
FRED HOSLER MD , SVP/CMO	60 00			X				126,436	507,440	183,037
KENNETH LAWONN , SVP INFORMATION TECH	60 00			X				86,753	348,177	149,746
SCOTT WOOTEN , SVP/CFO	60 00			X				142,289	571,062	196,915
THEODORE SCHWAB , SVP/CIO	60 00			X				154,159	618,707	85,008
RICHARD HACHTEN II , PRESIDENT	60 00			X				155,061	622,327	303,645
WAYNE A SENSOR , CHIEF EXECUTIVE OFFICER	60 00			X				202,332	812,045	317,846
MICHAEL ANDERSEN , VP-Behavioral Health Svc	60 00				X			47,297	189,822	332,340
RUSSELL GRONEWOLD , VP-AMBULATORY/RETAIL DEV	60 00				X			46,891	188,192	358,760
JARROD JOHNSON , VP-ORTHOPEDIC SVC	60 00				X			49,769	199,744	337,390
SHEREE KEELY , VP-Behavioral Health Svc	60 00				X			30,609	122,848	276,897

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK KESTNER MD , VP-CHIEF QUALITY OFFICER	60 00				X			65,732	263,811	137,554
Elizabeth LLEWELLYN , VP-Mission Integration	60 00				X			44,340	177,953	341,825
PATRICIA MASEK , VP-MEDICAL AFFAIRS	60 00				X			38,710	155,356	74,371
FRANK EMSICK , VP-CONSTRUCTION	60 00				X			44,452	178,405	327,538
JOHN MAY , VP-CARDIOVASCULAR SVC	60 00				X			53,769	215,798	375,664
JOAN NEUHAUS , VP-MATERNAL CHILD SVC	60 00				X			65,014	260,930	192,848
SHANE SEYMOUR , CHIEF DEVELOPMENT OFFICE	60 00				X			55,125	221,238	71,200
CINDY ALLOWAY , COO-LAKESIDE HOSPITAL	60 00				X			65,972	264,773	87,737
KEVIN NOKELS , COO-MIDLANDS HOSPITAL	60 00				X			61,656	247,448	84,292
MARGARET J BREEN , SVP-Human Resources	60 00				X			61,436	246,570	171,695
Ann Jones , VP-ONCOLOGY SERVICES	60 00				X			54,111	217,171	64,304
MICHAEL WESTCOTT MD , PHYSICIAN	60 00					X		275,101	0	29,128
Marie Knedler , COO-Mercy	60 00					X		67,723	271,798	190,321
DAVID TEW , CFO-MIDLANDS AND Bergan	60 00					X		84,229	338,046	94,712
Timothy Meier , Chief Financial Officer	60 00					X		49,080	196,978	35,473
Ann Schumacher , COO-IMC	60 00					X		69,418	278,601	102,996
DAVID GAMBINO ,	0 00						X	6,320	25,363	0
DWIGHT YOUNGMAN ,	0 00						X	5,644	22,650	0
MARK THOMAS ,	0 00						X	6,209	24,919	0
ROBERT AZAR , LEGAL OFFICER	0 00						X	12,724	51,066	0

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT SVC REVENU	561,300	216,293,166	215,968,465	324,701	
b MANAGEMENT SVCS-AFFIL	900,003	8,615,325	8,615,325		
c PHARMACY SALES	446,110	3,034,156		831,079	2,203,077
d COMMUNITY BENEFIT TRUS	900,099	1,251,723	1,251,723		
e FOOD & NUTRITION	722,320	772,617		74,293	698,324

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.

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALEGENT HEALTH CLINIC 12809 WEST DODGE ROAD OMAHA,NE 68154	47-0765154	501(c)(3)	34,898				GENERAL SUPPORT
American Cancer Society 9850 Nicholas Street OMAHA,NE 68114	23-7040934	501(c)(3)	22,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION10100 J Street OMAHA,NE 68127	13-5613797	501(c)(3)	40,000				GENERAL SUPPORT
Arthritis Foundation600 North 93rd Street OMAHA,NE 68114	58-1341679	501(c)(3)	10,000				GENERAL SUPPORT
BELLEVUE ECONOMIC ENHANCEMENT FOUNDATION1102 Galvin Rd South BELLEVUE,NE 68005	47-0715106	501(c)(3)	10,000				GENERAL SUPPORT
CATHOLIC HEALTH INITIATIVE11605 Miracle Hills Drive OMAHA,NE 68154	84-0902211	501(c)(3)	177,375				GENERAL SUPPORT
CATHOLIC OUT REACH FOR EDUCATION3212 N 60TH STREET OMAHA,NE 68104	47-0376538	501(c)(3)	10,000				GENERAL SUPPORT
Council of State Governments 701 East 22nd Street ste 110 LOMBARD,IL 60148	36-6000818	501(c)(3)	25,000				GENERAL SUPPORT
DOUGLAS COUNTY COMMUNITY MENTAL HEALTH4102 Woolworth Avenue OMAHA,NE 68105	33-1012005	501(c)(3)	95,794				GENERAL SUPPORT
Friendship Program Inc7315 Maple St Omaha,NE 68134	47-0630365	501(c)(3)	6,397				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD NEIGHBOR COMMUNITY HEALTH CENTER2282 E 32ND Ave COLUMBUS,NE 68601	13-4249732	501(c)(3)	36,405				GENERAL SUPPORT
GREATER OMAHA CHAMBER FOUNDATION 1301 HARNEY STREET OMAHA,NE 68102	47-0258610	501(c)(3)	60,000				GENERAL SUPPORT
HARBOR HOUSE12809 WEST DODGE ROAD OMAHA,NE 68154	36-4003095	501(c)(3)	15,000				GENERAL SUPPORT
HEARTLAND FAMILY SERVICE2101 South 42nd Street OMAHA,NE 68105	47-0390618	501(c)(3)	37,500				GENERAL SUPPORT
HOPE MEDICAL OUTREACH COALITION 4920 S 30th Street Ste 301 OMAHA,NE 68107	91-1850344	501(c)(3)	30,750				GENERAL SUPPORT
KNIGHTS OF AK-SAR-BEN FOUNDATION302 S 36TH STREET STE 800 OMAHA,NE 68131	47-0447496	501(c)(3)	11,000				GENERAL SUPPORT
MARCH OF DIMES11840 NICHOLAS STREET SUITE 220 OMAHA,NE 68154	13-1846366	501(c)(3)	20,000				GENERAL SUPPORT
MEMORIAL Community Hospital810 N 22nd St BLAIR,NE 68008	47-0426285	501(c)(3)	50,000				GENERAL SUPPORT
MID AMERICA COUNCIL 12401 WEST MAPLE ROAD OMAHA,NE 68164	47-0376545	501(c)(3)	13,000				GENERAL SUPPORT
MISSION FOR ALL NATIONS5210 S 21st St OMAHA,NE 68107	14-1869352	501(c)(3)	35,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OMAHA PERFORMING ARTS SOCIETY1200 Douglas Street OMAHA,NE 68102	47-0832480	501(c)(3)	7,500				GENERAL SUPPORT
OMAHA ZOO FOUNDATION3701 South 10th Street OMAHA,NE 68107	36-3297716	501(c)(3)	10,000				GENERAL SUPPORT
ONEWORLD COMMUNITY HEALTH CENTERS INC4920 South 30th Street STE 103 OMAHA,NE 68107	47-0548990	501(c)(3)	48,981				GENERAL SUPPORT
Rebuilding Together Omaha IncPO BOX 540436 OMAHA,NE 68154	47-0793980	501(c)(3)	15,000				GENERAL SUPPORT
WELLNESS COUNCIL OF MIDLANDS3534 S 108TH St OMAHA,NE 68144	47-0642708	501(c)(3)	10,000				GENERAL SUPPORT

Additional Data Return to Form

Software ID:
Software Version:
EIN: 47-0757164
Name: ALEGENT HEALTH

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER DO	(I)			21,500			21,500	
	(II)	300,746	35,302	64,641	18,150	13,358	432,197	
AMY PROTEXTER	(I)	34,284	11,471	6,841	25,775	2,575	80,946	
	(II)	137,596	46,036	27,458	103,447	10,334	324,871	
MARTIN HICKEY MD	(I)	25,557	5,984	11,530	303,936	239	347,246	
	(II)	102,573	24,016	46,275	1,219,824	961	1,393,649	
DUANE DAVID	(I)		6,005	55,255			61,260	53,376
	(II)		24,100	221,762			245,862	210,227
FRED HOSLER MD	(I)	62,948	34,854	28,634	34,619	1,890	162,945	
	(II)	252,636	139,883	114,921	138,943	7,585	653,968	
KENNETH LAWONN	(I)	50,833	27,072	8,848	27,580	2,289	116,622	
	(II)	204,013	108,653	35,511	110,689	9,188	468,054	
SCOTT WOOTEN	(I)	68,156	36,036	38,097	37,023	2,254	181,566	
	(II)	273,540	144,628	152,894	148,591	9,047	728,700	
THEODORE SCHWAB	(I)	36,039	34,126	83,994	13,430	3,526	171,115	29,168
	(II)	144,641	136,963	337,103	53,899	14,153	686,759	117,062
RICHARD HACHTEN II	(I)	87,001	44,542	23,518	58,616	1,950	215,627	
	(II)	349,172	178,767	94,388	235,253	7,826	865,406	
WAYNE A SENSOR	(I)	124,623	69,615	8,094	61,141	2,258	265,731	
	(II)	500,167	279,393	32,485	245,385	9,062	1,066,492	
MICHAEL ANDERSEN	(I)	27,248	13,797	6,252	65,067	1,223	113,587	
	(II)	109,356	55,373	25,093	261,141	4,909	455,872	
RUSSELL GRONEWOLD	(I)	32,901	12,315	1,675	69,244	2,316	118,451	
	(II)	132,045	49,425	6,722	277,905	9,295	475,392	
JARROD JOHNSON	(I)	29,545	11,718	8,506	65,602	1,695	117,066	
	(II)	118,575	47,031	34,138	263,291	6,802	469,837	
SHEREE KEELY	(I)	25,998	2,859	1,752	53,791	1,440	85,840	
	(II)	104,340	11,476	7,032	215,886	5,780	344,514	
MARK KESTNER MD	(I)	41,331	17,593	6,808	24,655	2,782	93,169	
	(II)	165,879	70,607	27,325	98,950	11,167	373,928	
Elizabeth LLEWELLYN	(I)	23,165	13,165	8,010	67,348	834	112,522	
	(II)	92,970	52,835	32,148	270,295	3,348	451,596	
PATRICIA MASEK	(I)	22,026	9,294	7,390	13,363	1,471	53,544	
	(II)	88,398	37,300	29,658	53,633	5,904	214,893	
FRANK EMSICK	(I)	30,732	10,727	2,993	65,332		109,784	
	(II)	123,340	43,054	12,011	262,206		440,611	
JOHN MAY	(I)	27,816	13,469	12,484	73,900	1,031	128,700	
	(II)	111,636	54,059	50,103	296,594	4,139	516,531	
JOAN NEUHAUS	(I)	43,876	14,457	6,681	37,597	870	103,481	
	(II)	176,093	58,022	26,815	150,891	3,490	415,311	
SHANE SEYMOUR	(I)	40,274	12,833	2,018	12,044	2,158	69,327	
	(II)	161,635	51,505	8,098	48,339	8,659	278,236	
CINDY ALLOWAY	(I)	44,422	17,335	4,215	15,003	2,497	83,472	
	(II)	178,285	69,573	16,915	60,214	10,023	335,010	
KEVIN NOKELS	(I)	36,038	16,730	8,888	14,298	2,516	78,470	
	(II)	144,634	67,144	35,670	57,382	10,096	314,926	
MARGARET J BREEN	(I)	39,768	18,213	3,455	33,064	1,183	95,683	
	(II)	159,607	73,097	13,866	132,701	4,747	384,018	
Ann Jones	(I)	28,545	13,577	11,989	11,156	1,671	66,938	
	(II)	114,565	54,491	48,115	44,772	6,705	268,648	
MICHAEL WESTCOTT MD	(I)	221,895	31,710	21,496	22,750	6,378	304,229	
	(II)							
Marie Knedler	(I)	46,310	15,787	5,626	36,556	1,407	105,686	
	(II)	185,862	63,358	22,578	146,713	5,645	424,156	
DAVID TEW	(I)	52,247	22,724	9,258	16,577	2,315	103,121	
	(II)	209,689	91,201	37,156	66,530	9,290	413,866	
Timothy Meier	(I)	34,490	5,160	9,430	4,079	2,997	56,156	
	(II)	138,422	20,709	37,847	16,371	12,026	225,375	
Ann Schumacher	(I)	51,218	16,963	1,237	18,330	2,214	89,962	
	(II)	205,558	68,080	4,963	73,568	8,884	361,053	