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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

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

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

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

**C** Name of organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Doing Business As

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

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

**D Employer identification number**
47-0376615

**E Telephone number**
(402) 343-4323

**G** Gross receipts $ 281,227,679

**F** Name and address of principal officer
SCOTT M WOOTEN
12809 WEST DODGE
OMAHA, NE 68154

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

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

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW ALEGENT COM

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

**L** Year of formation 1904

**M** State of legal domicile NE

## Part I Summary

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

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 11 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 8 |
| **5** | Total number of employees (Part V, line 2a) | **5** | 2,113 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 402 |
| **7a** | Total gross unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 279,117 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 103,315 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | **8** Contributions and grants (Part VIII, line 1h) | 1,988,967 | 696,247 |
| | **9** Program service revenue (Part VIII, line 2g) | 270,208,224 | 243,544,887 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | -6,005,991 | 12,933,425 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,211,478 | 22,688,240 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 272,402,678 | 279,862,799 |
| Expenses | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 20,718,573 | 17,167,842 |
| | **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) | 130,571,897 | 123,464,854 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 75,327 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 105,002,022 | 129,299,651 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 256,292,492 | 269,932,347 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | 16,110,186 | 9,930,452 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | **20** Total assets (Part X, line 16) | 434,719,975 | 511,697,918 |
| | **21** Total liabilities (Part X, line 26) | 66,898,198 | 122,419,898 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 367,821,777 | 389,278,020 |

## Part II Signature Block

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

**Sign Here**

▶ Signature of officer — Date: 2011-05-13

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

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ Heidi Kriete | Date | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP<br>TWO CENTRAL PARK PLAZA SUITE 1501<br>OMAHA, NE 681021626 | | | EIN ▶<br>Phone no ▶ (402) 348-1450 |

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

## Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 23,387,994 including grants of $ 1,826,503 ) (Revenue $ 68,387,658 )

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

**4b** (Code ) (Expenses $ 16,257,017 including grants of $ 1,269,604 ) (Revenue $ 36,600,421 )

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

**4c** (Code ) (Expenses $ 5,006,337 including grants of $ 390,974 ) (Revenue $ 11,770,466 )

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

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses $ 176,719,240 including grants of $ 13,680,761 ) (Revenue $ 124,414,902 )

**4e** **Total program service expenses** ▶ $ 221,370,588

## 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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.* | 11 | Yes | |
| | ● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | ● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| | ● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | | | |
| | ● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| | ● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | ● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**: **12A** Yes | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, 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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | Yes | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | 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 | 156 | | |
| 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 | 2,113 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . | 7g | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body . . | 1a 11 | | |
| b | Enter the number of voting members that are independent . . | 1b 8 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . | 5 | | 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 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | 9 | | No |

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

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

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 current or former 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-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See add'l data | | | | | | | | | | |
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| | | | |
|---|---|---|---|
| **1b Total** . . . . . ▶ | 4,822,295 | 9,926,189 | 2,341,347 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 61

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | **3** | Yes | |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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 |
|---|---|---|
| Cassling DIAGNOSTIC IMAGING INC<br>13808 F Street<br>OMAHA, NE 68137 | DIAGNOSTIC IMAGING SERVICES | 1,804,080 |
| MORRISON MANAGEMENT SPECIALISTS<br>5801 Peachtree Dunwoody Road<br>ATLANTA, GA 30342 | FOOD SERVICE | 330,286 |
| NORTHWEST ANESTHESIA PC<br>6901 N 72nd Street<br>OMAHA, NE 68122 | Anesthesia Services | 306,944 |
| SENTRY DATA SYSTEMS INC<br>600 Fairway Drive Suite 201<br>DEERFIELD, FL 33441 | PHARMACY MANAGEMENT TECHOLOGY | 284,635 |
| HORIZON HEALTH CORPORATION<br>2941 Lake Vista Drive<br>LEWISVILLE, TX 75067 | BEHAVIORAL HEALTH SERVICES | 270,579 |
| **2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 24 | | |

**Part VIII Statement of Revenue**

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | 66,800 | | | |
| | c | Fundraising events | 1c | 10,800 | | | |
| | d | Related organizations | 1d | 585,314 | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 33,333 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f | | 696,247 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | NET PATIENT SVC REVENU | 621,500 | 235,391,030 | 235,391,030 | | |
| | b | REIMBURSABLE-AFFILIATE | 621,990 | 5,286,591 | 5,286,591 | | |
| | c | HOSPITAL PHARMACY | 446,110 | 1,710,966 | | | 1,710,966 |
| | d | FOOD & NUTRITION | 722,320 | 660,474 | | 50,877 | 609,597 |
| | e | JOINT HEALTH VENTURES | 900,099 | 406,981 | 406,981 | | |
| | f | All other program service revenue | | 88,845 | 88,845 | | |
| | g | **Total.** Add lines 2a–2f | | 243,544,887 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | 67,413 | | | 67,413 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross Rents | 1,141,583 | | | | |
| | b | Less rental expenses | 710,454 | | | | |
| | c | Rental income or (loss) | 431,129 | | | | |
| | d | Net rental income or (loss) | | | 431,129 | | 431,129 |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | 12,867,549 | 361,672 | | | |
| | b | Less cost or other basis and sales expenses | | 363,209 | | | |
| | c | Gain or (loss) | 12,867,549 | -1,537 | | | |
| | d | Net gain or (loss) | | | 12,866,012 | | 12,866,012 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 10,800 of contributions reported on line 1c) See Part IV, line 18 | a 178,520 | | | | |
| | b | Less direct expenses | b 83,486 | | | | |
| | c | Net income or (loss) from fundraising events | | | 95,034 | | 95,034 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a 410,061 | | | | |
| | b | Less cost of goods sold | b 207,731 | | | | |
| | c | Net income or (loss) from sales of inventory | | | 202,330 | | 202,330 |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | JOA Settlements | 812,300 | 16,837,000 | | | 16,837,000 |
| | b | REIMBURSED SERVICES | 621,990 | 2,391,122 | | | 2,391,122 |
| | c | MISCELLANEOUS OPERATIN | 561,499 | 1,855,686 | | 228,240 | 1,627,446 |
| | d | All other revenue | | 875,939 | | | 875,939 |
| | e | **Total.** Add lines 11a–11d | | 21,959,747 | | | |
| | 12 | **Total revenue.** See Instructions | | 279,862,799 | 241,173,447 | 279,117 | 37,713,988 |

## 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 | 23,475 | 23,475 | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 17,144,367 | 17,144,367 | | |
| 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 | 3,157,875 | 2,684,194 | 473,681 | |
| 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 | 94,257,145 | 76,568,615 | 17,618,780 | 69,750 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 3,797,734 | 3,343,977 | 453,757 | |
| 9 Other employee benefits | 16,897,055 | 10,670,571 | 6,225,095 | 1,389 |
| 10 Payroll taxes | 5,355,045 | 5,083,482 | 267,375 | 4,188 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 19,807 | 1,214 | 18,593 | |
| c Accounting | | | | |
| d Lobbying | 18,276 | 18,276 | | |
| e Professional fundraising *See Part IV, line 17* | | | | |
| f Investment management fees | | | | |
| g Other | 12,115,508 | 8,005,507 | 4,110,001 | |
| 12 Advertising and promotion | 19,488 | 19,488 | | |
| 13 Office expenses | 44,632,306 | 44,053,528 | 578,778 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 5,798,380 | 5,798,380 | | |
| 17 Travel | 159,711 | 92,321 | 67,390 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 69,436 | 69,436 | | |
| 20 Interest | 3,449,418 | 3,449,418 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 17,744,845 | 12,977,771 | 4,767,074 | |
| 23 Insurance | 488,481 | 488,481 | | |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) | | | | |
| a PURCHASED SERVICES | 13,079,344 | 5,271,769 | 7,807,575 | |
| b BAD DEBTS | 12,152,430 | 12,152,430 | | |
| c EQUITY NET LOSS | 9,303,365 | 9,303,365 | | |
| d MANAGEMENT ALLOCATIONS | 6,483,664 | 385,331 | 6,098,333 | |
| e MISCELLANEOUS | 3,416,974 | 3,416,974 | | |
| f All other expenses | 348,218 | 348,218 | | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 269,932,347 | 221,370,588 | 48,486,432 | 75,327 |
| 26 **Joint costs.** Check here ▶ ☐ 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 | | 925,120 | 1 | 414,057 |
| | 2 | Savings and temporary cash investments | | 32,007,913 | 2 | 20,155,527 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 24,160,833 | 4 | 25,509,809 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 3,797,460 | 8 | 4,008,795 |
| | 9 | Prepaid expenses and deferred charges | | 119,776 | 9 | 230,776 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 307,408,035 | | | |
| | b | Less accumulated depreciation | 10b 162,394,438 | 114,180,470 | 10c | 145,013,597 |
| | 11 | Investments—publicly traded securities | | 197,237,127 | 11 | 280,079,981 |
| | 12 | Investments—other securities See Part IV, line 11 | | 1,921,074 | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 33,661,805 | 13 | 20,583,830 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 26,708,397 | 15 | 15,701,546 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 434,719,975 | 16 | 511,697,918 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 9,717,791 | 17 | 8,555,178 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 7,539 | 19 | 7,539 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 56,878,805 | 23 | 111,165,217 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 294,063 | 25 | 2,691,964 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 66,898,198 | 26 | 122,419,898 |
| 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 | | 364,379,654 | 27 | 385,378,337 |
| | 28 | Temporarily restricted net assets | | 1,652,123 | 28 | 2,109,683 |
| | 29 | Permanently restricted net assets | | 1,790,000 | 29 | 1,790,000 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 367,821,777 | 33 | 389,278,020 |
| | 34 | Total liabilities and net assets/fund balances | | 434,719,975 | 34 | 511,697,918 |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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

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

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

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

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

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

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

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

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

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

## Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

### Section B. Total Support

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

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

### Section C. Computation of Public Support Percentage

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

### Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

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**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

**2009**

**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), then**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 18,276 | 262,701 |
| c Total lobbying expenditures (add lines 1a and 1b) | 18,276 | 262,701 |
| d Other exempt purpose expenditures | 269,914,071 | 530,861,023 |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 269,932,347 | 531,123,724 |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | 1,000,000 |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | 250,000 |
| h Subtract line 1g from line 1a If zero or less, enter -0- | 0 | 0 |
| i Subtract line 1f from line 1c If zero or less, enter -0- | 0 | 0 |

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

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

## 4-Year Averaging Period Under Section 501(h)

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

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (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 | 124,534 | 136,554 | 176,941 | 262,701 | 700,730 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

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

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| 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 similar 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

## Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 2,665,977 | 2,688,014 | | | |
| b Contributions | 126,695 | 800,115 | | | |
| c Investment earnings or losses | 298,938 | -448,721 | | | |
| d Grants or scholarships | 9,996 | 3,875 | | | |
| e Other expenditures for facilities and programs | 142,744 | 369,556 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 2,938,870 | 2,665,977 | | | |

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **46.000 %**
- c Term endowment ▶ **54.000 %**

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 1,726,657 | | 1,726,657 |
| b Buildings | | 131,376,349 | 66,526,361 | 64,849,988 |
| c Leasehold improvements | | 479,327 | 288,113 | 191,214 |
| d Equipment | | 145,717,562 | 95,579,964 | 50,137,598 |
| e Other | | 28,108,140 | | 28,108,140 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 145,013,597 |

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

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

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

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

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| 3RD PARTY PAYER SETTLEMENTS | 2,690,297 |
| Other Liabilities | 1,667 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 2,691,964 |

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

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

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

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

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

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

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

## Part XIV Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| Part V, Line 4 | Description of Intended Use of Endowment Funds | ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER |
| | | PART X - THE ENTITIES REPORTED IN THE CONSOLIDATED AUDIT HAVE ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, INCLUDED IN FASB ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL, ENTITIES OF ALEGENT HEALTH RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS DURING 2010 AND 2009, MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS |

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

| | | (a) Event #1 Immanuel Women's Imaging Center (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 189,320 | | | 189,320 |
| | 2 Less Charitable contributions | 10,800 | | | 10,800 |
| | 3 Gross income (line 1 minus line 2) | 178,520 | | | 178,520 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | 2,500 | | | 2,500 |
| | 7 Food and beverages | 11,700 | | | 11,700 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 69,286 | | | 69,286 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 83,486 |
| | 11 Net income summary Combine lines 3, column d, and line 10 ▶ | | | | 95,034 |

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

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

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

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

# Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

## Part I Charity Care and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals<br>☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ 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<br>☐ 100% ☐ 150% ☐ 200% ☐ Other _____ | 3a | | No |
| 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<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ | 3b | | No |
| 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 | Yes | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | | No |
| 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 | Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Charity care at cost (from Worksheets 1 and 2) | | 7,567 | 9,280,503 | 12,722 | 9,267,781 | 3 600 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | 2,348 | 43,450,355 | 28,031,946 | 15,418,409 | 5 980 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Charity Care and Means-Tested Government Programs | | 9,915 | 52,730,858 | 28,044,668 | 24,686,190 | 9 580 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | | 12,965 | 245,982 | 28,338 | 217,644 | 0 080 % |
| f Health professions education (from Worksheet 5) | | 281 | 474,925 | 182,159 | 292,766 | 0 110 % |
| g Subsidized health services (from Worksheet 6) | | | 9,651,066 | 9,187,569 | 463,497 | 0 180 % |
| h Research (from Worksheet 7) | | | 511,237 | 108,468 | 402,769 | 0 160 % |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | 40 | 259,826 | | 259,826 | 0 100 % |
| j **Total** Other Benefits | | 13,286 | 11,143,036 | 9,506,534 | 1,636,502 | 0 630 % |
| k **Total.** Add lines 7d and 7j | | 23,201 | 63,873,894 | 37,551,202 | 26,322,692 | 10 210 % |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | | | | | | |
| 2 | Economic development | | | | | | |
| 3 | Community support | | 2 | 92,361 | 8,784 | 83,577 | 0 030 % |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | | 14 | 163,167 | 1,853 | 161,314 | 0 060 % |
| 7 | Community health improvement advocacy | | | | | | |
| 8 | Workforce development | | 4 | 330 | | 330 | 0 % |
| 9 | Other | | | | | | |
| 10 | **Total** | | 20 | 255,858 | 10,637 | 245,221 | 0 090 % |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | | 1 | Yes | |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 5,671,785 | | |
| 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 | 1,646,584 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit | | | | |

**Section B. Medicare**

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 49,332,174 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 64,952,195 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -15,620,021 | | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | | | |

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
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| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |

**Part V Facility Information**

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

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

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

Part VI, Line 3 There are several financial assistance access points throughout a PATIENT'S care cycle Bills contain financial assistance verbiage, signs are posted in clinics and hospital, and there is information on financial assistance posted at registration points throughout clinics and hospitals Information on THE Alegent Health SYSTEM'S financial assistance policies are located several places on www alegent com

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

See additional data

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

See additional data

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

See additional data

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

See additional data

**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 United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

## Part I General Information on Grants and Assistance

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

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

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

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

| (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 |
|---|---|---|---|---|---|---|---|
| RONCALLI CATHOLIC HIGH SCHOOL6401 SORENSEN PKWY OMAHA,NE 68152 | 470486481 | 501(c)(3) | 10,000 | | | | GENERAL SUPPORT |
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2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

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" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| SCHOLARSHIPS | 18 | 5,550 | | | |
| CHARITY CARE | 7567 | | 17,138,817 | BOOK | REDUCE OR WRITE OFF OF PATIENT SERVICES |
| See Additional Data Table | | | | | |
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS THESE FUNDS ARE DIRECTLY USEd TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE SISTER INGEBORG BLOMBERG SCHOLARSHIP SCHOLARSHIPs are PROVIDED BY THE IMMANUEL MEDICAL CENTER AUXILIARY TO PROVIDE CONTINUING EDUCATION FOR ALEGENT HEALTH-IMMANUEL MEDICAL CENTER EMPLOYEES FOR THEIR PERSONAL GROWTH AND/OR PROFESSIONAL DEVELOPMENT ALL PERMANENT, FULL-TIME AND PART-TIME EMPLOYEES IN GOOD STANDING WHO HAVE SIX MONTHS OR MORE OF SERVICE WITH ALEGENT HEALTH-IMMANUEL MEDICAL CENTER MAY APPLY FOR THE SCHOLARSHIPS PAYMENT FOR TUITION, LAB FEES, BOOKS AND REGISTRATION EXPENSES WILL BE MADE DIRECTLY TO THE INSTITUTION UPON RECEIPT OF A STATEMENT OF COSTS FROM THE INSTITUTION THE AWARDING OF THE SISTER INGEBORG BLOMBERG SCHOLARSHIP SHALL BE SUBJECT TO THE FOLLOWING CRITERIA 1 APPLICATION IS MADE PRIOR TO MAKING A COMMITMENT TO THE SCHOOL 2 THE SCHOOL AND COURSE ARE OF RECOGNIZED STANDING 3 THE EMPLOYEE CONTINUES TO MAINTAIN HIS/HER REGULARLY SCHEDULED WORKING HOURS 4 THE EMPLOYEE SHALL SIGN AN AUTHORIZATION ALLOWING THE AUXILIARY TO RECEIVE WRITTEN CERTIFICATION OF PERFORMANCE FROM THE INSTITUTION 5 IT IS EVIDENT THAT THE COURSE, OR COURSES, ARE MUTUALLY BENEFICIAL TO THE EMPLOYEE AND TO ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6 THE EMPLOYEE IS EXPECTED TO REMAIN EMPLOYED AT ALEGENT HEALTH-IMMANUEL MEDICAL CENTER FOR AT LEAST ONE YEAR AFTER RECEIVING THE SISTER INGEBORG BLOMBERG SCHOLARSHIP |
| Other Information | Part IV | SCHEDULE I, PART I, LINE 2 ALEGENT HEALTH-IMMANUEL MEDICAL CENTER occassionally DISTRIBUTES FUNDS TO OTHER 501(c)(3) ORGANIZATIONS THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION SCHEDULE I, PART III - Alegent Health-IMMANUEL MEDICAL CENTER recognizes the right to quality healthcare regardless of age, sex, race, religion, national origin, or ability to pay Business office staff helps patients seek local, state, and federal reimbursement at no charge when no other source of payment is available Financial assistance is provided to patients with demonstrated inability to pay for medically necessary services THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE |
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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | 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<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **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 | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | Yes | |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | Yes | |
| **b** | Any related organization? | **6b** | Yes | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |
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## Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| | Part I, Line 1a | As part of the executive compensation arrangement, executives are provided with a set sum, approximately 30 - 40% of their base salary, which can be used to elect various benefits Some of the benefits available for election include health club dues, automobile allowance, financial planning fees and legal fees Payment for these benefits are either made directly by Alegent Health or reimbursed to the executive after the appropriate substantiation for the expense is provided The amount paid for these benefits is included in the EXECUTIVE'S wages as taxable income |
| | Part I, Line 4a | The following reportable individuals received severance payments from Alegent Health (a related organization) during the 2009 calendar year and these severance payments were included in the INDIVIDUAL'S W-2 income and reportable as compensation on Schedule J DUANE DAVID - $208,937 THEODORE SCHWAB - $371,912 WAYNE SENSOR - $124,126 RICHARD HACHTEN II - $363,816 FRED HOSLER, MD - $87,750 MARGARET BREEN - $53,962 AMY PROTEXTER - $49,415 ANN JONES - $187,565 MICHAEL ANDERSON - $29,164 JARROD JOHNSON - $162,988 MARK KESTNER, MD - $63,691 JOHN MAY - $185,254 PETE FESTERSEN - $136,893 SCHEDULE J, LINE 4B - ALEGENT HEALTH HAS A MARKET BASED NONQUALIFIED RETIREMENT PLAN APPROVED BY THE BOARD OF DIRECTORS THAT EXECUTIVES PARTICIPATE IN OF WHICH ANNUAL CONTRIBUTIONS ARE MADE DURING 2009, THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TERMINATED AND PARTICIPANTS RECEIVED A TOTAL PAYOUT OF THEIR BALANCE THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS FROM ALEGENT HEALTH DURING THE 2009 CALENDAR YEAR AND THE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON SCHEDULE J RICHARD HACHTEN II - $930,151 FRED HOSLER, MD - $242,195 KENNETH LAWONN - $207,997 MARGARET BREEN - $79,304 MARTIN HICKEY - 108,830 JARROD JOHNSON - $11,015 ANN JONES - $27,343 SHEREE KEELY - $25,009 MARK KESTNER, MD - $82,351 ELIZABETH LLEWELLYN - $49,672 PATRICIA MASEK - $22,264 FRANK EMSICK - $44,295 JOHN MAY - $25,057 JOAN NEUHAUS - $77,813 AMY PROTEXTER - $62,943 SCOTT WOOTEN - $192,696 ANN SCHUMACHER - $73,668 THEODORE SCHWAB - $159 WAYNE SENSOR - $701,232 MICHAEL ANDERSON - $78,739 PETE FESTERSEN - $9,856 |
| | Part I, Line 5 | PHYSICIANS EMPLOYED BY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON INDIVIDUAL QUALITY MANAGEMENT, WHICH INCLUDE CORE MEASURES, PHYSICIAN REFFERAL AND ATTENDANCE AT MEETINGS THE CORE MEASURES USED TO DETERMINE THE PHYSICIAN BONUSES are NATIONALLY ACCEPTED MEASUREs OF PHYSICIAN PRODUCTIVITY |
| | Part I, Line 6 | COMPENSATION FOR MEMBERS OF MANAGEMENT OF ALEGENT HEALTH AND RELATED ENTITIES IS DETERMINED AT A SYSTEM LEVEL MEMBERS OF ALEGENT HEALTH MANAGEMENT ARE ELIGIBLE FOR AN ANNUAL INCENTIVE BONUS INCENTIVE AWARDS ARE BASED ON FOUR INDIVIDUAL PERFORMANCE MEASURES WHICH ARE LINKED TO FOUR SYSTEM PERFORMANCE GOALS FOR EACH MANAGER, 75% OF THE INCENTIVE AWARD WILL BE DETERMINED BY SYSTEM PERFORMANCE GOALS AND 25% DETERMINED BY INDIVIDUAL PERFORMANCE ONE OF THE FOUR SYSTEM PERFORMANCE GOALS IS DEPENDENT ON THE FINANCIAL RESULTS OF THE ENTIRE ALEGENT HEALTH SYSTEM FOR THE FISCAL YEAR |
| Supplemental Information | Part III | SCHEDULE J, PART I, LINE 3 ALEGENT HEALTH GOVERNANCE OF EXECUTIVE COMPENSATION ACTING AS PRUDENT STEWARDS OF ITS FINANCIAL RESOURCES, THE ALEGENT HEALTH BOARD COMPENSATION COMMITTEE RECOMMENDS AND THE BOARD EXECUTIVE COMMITTEE APPROVES EXECUTIVE COMPENSATION PHILOSOPHY, POLICY AND GUIDELINES IT DOES SO WITH THE OBJECTIVE OF ATTRACTING AND RETAINING TOP EXECUTIVE TALENT TO ENSURE ALEGENT HEALTH IS ABLE TO FULFILL ITS FAITH-BASED MISSION AND ACHIEVE ITS VISION OF BECOMING WORLD-CLASS THE ALEGENT HEALTH COMPENSATION COMMITTEE FOLLOWS A THOROUGH AND INTENTIONAL PROCESS THAT INCLUDES CONSULTATION WITH INDEPENDENT, EXPERT COUNSEL AND CAREFULLY COMPARES COMPENSATION LEVELS TO MARKET-BASED COMPENSATION OF SIMILAR SIZED, NON-PROFIT AND FOR-PROFIT HEALTH SYSTEMS AND ALSO UTILIZES A BLEND OF NOT-FOR PROFIT AND GENERAL INDUSTRY DATA FOR EXECUTIVE ROLES WHERE THE RECRUITING MARKET IS ARGUABLY BROADER THEN THE NOT-FOR-PROFIT SECTOR TOTAL COMPENSATION INCLUDES BASE COMPENSATION, AND ALSO INCLUDES PERFORMANCE-BASED INCENTIVE COMPENSATION FOR ACHIEVING BOARD-SET GOALS FOR CLINICAL QUALITY, PATIENT SAFETY AND SATISFACTION, PHYSICIAN PERCEPTION, STRATEGIC AND FACILITY PLANNING AND FINANCIAL PERFORMANCE IT MAY ALSO INCLUDE OTHER CASH PAYMENTS SUCH AS ONE-TIME RELOCATION COSTS SCHEDULE J, PART II THE ALEGENT HEALTH EXECUTIVES HAVE A PROVISION IN THEIR COMPENSATION AGREEMENT THAT PROVIDES FOR POTENTIAL SEVERANCE PAYMENTS IN THE EVENT OF TERMINATION WITHOUT CAUSE OR CHANGE OF CONTROL THE AMOUNT OF SEVERANCE AN EXECUTIVE MAY OR MAY NOT RECEIVE IF TERMINATED ACCORDING TO THE COMPENSATION AGREEMENT IS INCLUDED AS DEFERRED COMPENSATION IN COLUMN C |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|---|---|---|---|---|
| See Additional Data Table | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| AVANTAS LLC<br>11128 JOHN GALD BLVD STE 400<br>OMAHA, NE68137<br>39-2045003 | STAFFING OF NURSES | NE | N/A | N/A | | | | No | | | No |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br>17030 LAKESIDE HILLS PLZ STE 206<br>OMAHA, NE68130<br>20-4267902 | AMBULATORY SURGICAL CENTER | NE | N/A | N/A | | | | No | | | No |
| LAKESIDE ENDOSCOPY CENTER LLC<br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE68130<br>20-5544496 | ENDOSCOPY SERVICES | NE | N/A | N/A | | | | No | | | No |
| OMAHA AMBULATORY INVESTMENT COMPANY LLC<br>12809 WEST DODGE ROAD<br>OMAHA, NE68154<br>06-1786989 | PARENT HOLDING COMPANY ASC | NE | N/A | N/A | | | | No | | | No |
| ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC<br>3606 N 156TH STREET<br>OMAHA, NE68154<br>06-1786985 | DIAGNOSTIC TESTING FACILITY | NE | N/A | N/A | | | | No | | | No |
| PRAIRIE HEALTH VENTURES LLC<br>421 S 9TH STREET STE 102<br>LINCOLN, NE68508<br>20-4962103 | PROFESSIONAL TECH SERVICES | NE | N/A | RELATED | 2,055,487 | 2,537,375 | | No | 103,716 | Yes | |
| BERGAN MERCY SURGERY CENTER LLC<br>7710 MERCY ROAD STE 100<br>OMAHA, NE68124<br>20-8671994 | AMBULATORY SURGICAL CENTER | NE | N/A | N/A | | | | No | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| ALEGENT HEALTH-CREIGHTON ST JOSEPH MGD CARE SVCS INC<br>12809 WEST DODGE ROAD<br>OMAHA, NE68154<br>47-0802396 | MANAGED CARE SERVICES | NE | N/A | C | | | |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

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

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|---|---|---|
| **(1)** ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA | Q | 122,920 |
| **(1)** See Additional Data Table | | |
| **(2)** | | |
| **(3)** | | |
| **(4)** | | |
| **(5)** | | |
| **(6)** | | |

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

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity |
|---|---|---|---|---|---|
| ALEGENT HEALTH<br><br>12809 WEST DODGE ROAD<br>OMAHA, NE68154<br>47-0757164 | LICENSED HOSPITAL/ADMINISTRATIVE SUPPORT | NE | 501(C)(3) | L3 | N/A |
| ALEGENT HEALTH CLINIC<br><br>12809 WEST DODGE ROAD<br>OMAHA, NE68154<br>47-0765154 | CLINICAL SERVICES | NE | 501(C)(3) | L3 | ALEGENT HEALTH |
| ALEGENT HEALTH FOUNDATION<br><br>12809 WEST DODGE ROAD<br>OMAHA, NE68154<br>47-0648586 | SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES | NE | 501(C)(3) | L7 | ALEGENT HEALTH |
| ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM<br><br>7500 MERCY ROAD<br>OMAHA, NE68124<br>47-0484764 | LICENSED HOSPITAL | NE | 501(C)(3) | L3 | ALEGENT HEALTH |
| ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA<br><br>603 ROSARY DRIVE<br>CORNING, IA50841<br>42-0782518 | LICENSED HOSPITAL | IA | 501(C)(3) | L3 | ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM |
| MERCY HEALTH CARE FOUNDATION<br><br>603 ROSARY DRIVE<br>CORNING, IA50841<br>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<br><br>631 N 8TH STREET<br>MISSOURI VALLEY, IA51555<br>42-0776568 | LICENSED HOSPITAL | IA | 501(C)(3) | L3 | N/A |
| COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION<br><br>631 N 8TH STREET<br>MISSOURI VALLEY, IA51555<br>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 MO VALLEY IOWA |
| ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER<br><br>104 W 17TH STREET<br>SCHUYLER, NE68661<br>47-0399853 | LICENSED HOSPITAL | NE | 501(C)(3) | L3 | N/A |
| SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC<br><br>104 W 17TH STREET<br>SCHUYLER, NE68661<br>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<br><br>800 MERCY DRIVE<br>COUNCIL BLUFFS, IA51503<br>42-1178204 | SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM EXEMPT ACTIVITIES | IA | 501(C)(3) | L11 I | ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM |
| IMMANUEL HEALTH SYSTEMS<br><br>6757 NEWPORT AVE STE 200<br>OMAHA, NE68152<br>47-0733774 | SUPPORT OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER | NE | 501(C)(3) | L11 III | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income ($) | (g) Share of end-of-year assets ($) | (h) Disproprtionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 ($) | (j) General or Managing Partner? | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No |
| AVANTAS LLC<br><br>11128 JOHN GALD BLVD STE 400<br>OMAHA, NE68137<br>39-2045003 | STAFFING OF NURSES | NE | N/A | N/A | | | | No | | | No |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br><br>17030 LAKESIDE HILLS PLZ STE 206<br>OMAHA, NE68130<br>20-4267902 | AMBULATORY SURGICAL CENTER | NE | N/A | N/A | | | | No | | | No |
| LAKESIDE ENDOSCOPY CENTER LLC<br><br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE68130<br>20-5544496 | ENDOSCOPY SERVICES | NE | N/A | N/A | | | | No | | | No |
| OMAHA AMBULATORY INVESTMENT COMPANY LLC<br><br>12809 WEST DODGE ROAD<br>OMAHA, NE68154<br>06-1786989 | PARENT HOLDING COMPANY ASC | NE | N/A | N/A | | | | No | | | No |
| ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC<br><br>3606 N 156TH STREET<br>OMAHA, NE68154<br>06-1786985 | DIAGNOSTIC TESTING FACILITY | NE | N/A | N/A | | | | No | | | No |
| PRAIRIE HEALTH VENTURES LLC<br><br>421 S 9TH STREET STE 102<br>LINCOLN, NE68508<br>20-4962103 | PROFESSIONAL TECH SERVICES | NE | N/A | RELATED | 2,055,487 | 2,537,375 | | No | 103,716 | Yes | |
| BERGAN MERCY SURGERY CENTER LLC<br><br>7710 MERCY ROAD STE 100<br>OMAHA, NE68124<br>20-8671994 | AMBULATORY SURGICAL CENTER | NE | N/A | N/A | | | | No | | | No |

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Form **4562**

Department of the Treasury
Internal Revenue Service

# Depreciation and Amortization
## (Including Information on Listed Property)

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

OMB No 1545-0172

**2009**

Attachment Sequence No **67**

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

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

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

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

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

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

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

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

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

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

**Section A**

| | | |
|---|---|---|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 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 2009 Tax Year Using the Alternative Depreciation System**

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

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

**Part IV** **Summary** (see instructions)

| | | |
|---|---|---|
| **22 Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 0 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**21** Listed proper

**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 2009 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2009 tax year | | | | **43** | |
| **44 Total.** Add amounts in column (f) See the instructions for where to report | | | | **44** | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133028031 |
|---|---|---|

# TY 2009 Affiliated Group Schedule

**Name:** ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**EIN:** 47-0376615

| | | |
|---|---|---|
| **Affiliated Group Business Name:** | | ALEGENT HEALTH |
| **Address. Either US or Foreign Type:** | | 12809 WEST DODGE ROAD<br>OMAHA, NE 68154 |
| **EIN:** | | 47-0757164 |
| **Electing Organization Checkbox:** | | ☑ |
| **Total Grassroots Lobbying:** | 0 | |
| **Total Direct Lobbying:** | 244,425 | |
| **Total Lobbying Expenditures:** | 244,425 | |
| **Other Exempt Purpose Expenditures:** | 260,946,952 | |
| **Total Exempt Purpose Expenditures:** | 261,191,377 | |
| **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:** 47-0376615
**Name:** ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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

**4d. Other program services**

(Code ) (Expenses $ 176,719,240 including grants of $ 13,680,761 ) (Revenue $ 124,414,902 )

ALEGENT HEALTH-IMMANUEL MEDICAL CENTER PROVIDES ADDITIONAL SERVICES INCLUDING BUT NOT LIMITED TO WEIGHT MANAGEMENT, A 24 HOUR EMERGENCY DEPARTMENT, INPATIENT HOSPITAL FACILITIES, PROCEDURE CENTER, ORTHOPEDIC SERVICES, DIGESTIVE HEALTH CENTER, FAMILY LIFE CENTER, RADIOLOGY, UROLOGY, DIAGNOSTIC SERVICES AND PHYSICAL THERAPY PATIENTS ARE AT THE CENTER OF ALL SERVICES PROVIDED AT ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LESLIE R ANDERSEN<br>CHAIR | 6 00 | X | | X | | | | 0 | 0 | 0 |
| SR LILLIAN MURPHY RSM<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY HATCHER DO<br>SECRETARY/TREASURER | 6 00 | X | | X | | | | 0 | 498,263 | 35,568 |
| JOHN HEWITT<br>VICE CHAIR | 6 00 | X | | X | | | | 0 | 0 | 0 |
| MARTIN MANCUSO MD<br>DIRECTOR | 4 00 | X | | | | | | 0 | 16,000 | 0 |
| SUSAN PEACH RN<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| Rick Vierk<br>DireCTOR | 4 00 | X | | | | | | 0 | 23,500 | 0 |
| MICHAEL DEFREECE<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| PAUL EDGETT III<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| ERIC GURLEY<br>DIRECTOR | 4 00 | X | | | | | | 0 | 276,770 | 18,834 |
| KEITH SCHMODE<br>DIRECTOR | 4 00 | X | | | | | | 0 | 5,000 | 0 |
| GUILLERMO HUERTA MD<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| WAYNE A SENSOR<br>CHIEF EXECUTIVE OFFICER | 15 00 | | | X | | | | 453,281 | 1,303,553 | 23,329 |
| RICHARD HACHTEN II<br>PRESIDENT & CEO | 15 00 | | | X | | | | 422,333 | 1,214,557 | 734,490 |
| FRED HOSLER MD<br>SVP/CMO | 15 00 | | | X | | | | 241,098 | 693,354 | 369,747 |
| MARTIN HICKEY MD<br>SVP/CEO CLINICS | 15 00 | | | X | | | | 210,570 | 605,560 | 45,701 |
| KENNETH LAWONN<br>SVP INFORMATION TECH | 15 00 | | | X | | | | 166,880 | 479,917 | 38,536 |
| SCOTT WOOTEN<br>SVP/CFO | 15 00 | | | X | | | | 196,559 | 565,268 | 20,275 |
| MARK KESTNER MD<br>SVP-CMO | 15 00 | | | X | | | | 135,626 | 390,035 | 158,309 |
| JOAN NEUHAUS<br>SVP-COO | 15 00 | | | X | | | | 119,803 | 344,531 | 185,399 |
| MARGARET BREEN<br>SVP HUMAN RESOURCES | 15 00 | | | X | | | | 121,855 | 350,431 | 17,268 |
| AMY PROTEXTER<br>SVP MARKETING & COMM | 15 00 | | | X | | | | 105,687 | 303,934 | 28,487 |
| PATRICIA NADLE<br>SVP CNO | 15 00 | | | X | | | | 34,112 | 98,100 | 252,625 |
| PAUL EBMEIER<br>COO-AHC | 15 00 | | | | X | | | 85,577 | 246,106 | 22,704 |
| SHEREE KEELY<br>VP-Behavioral Health Svc | 15 00 | | | | X | | | 56,567 | 162,676 | 21,999 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Elizabeth LLEWELLYN<br>VP-Mission Integration | 15 00 | | | | X | | | 69,043 | 198,557 | 21,048 |
| PATRICIA MASEK<br>VP-MEDICAL AFFAIRS | 15 00 | | | | X | | | 56,367 | 162,103 | 43,278 |
| FRANK EMSICK<br>VP-CONSTRUCTION | 15 00 | | | | X | | | 68,910 | 198,172 | 24,435 |
| ANN SCHUMACHER<br>COO-IMC | 15 00 | | | | X | | | 112,315 | 323,000 | 34,147 |
| JAYNE MCCORMICK MD<br>MEDICAL DIRECTOR | 60 00 | | | | X | | | 0 | 232,062 | 16,991 |
| Arun Sharma MD<br>Physician | 60 00 | | | | | X | | 409,976 | 0 | 44,114 |
| Michael L Egger MD<br>Physician | 60 00 | | | | | X | | 284,448 | 0 | 41,134 |
| Thomas A Franco MD<br>Physician | 60 00 | | | | | X | | 414,263 | 0 | 38,725 |
| Michael L Coy MD<br>Physician | 60 00 | | | | | X | | 331,629 | 0 | 28,426 |
| Hudson H T Hsieh MD<br>Physician | 60 00 | | | | | X | | 296,043 | 0 | 36,519 |
| THEODORE SCHWAB<br>FORMER SVP/CIO | 0 00 | | | | | | X | 96,122 | 276,430 | 19,719 |
| DUANE DAVID<br>FORMER SVP CLINICS | 0 00 | | | | | | X | 54,030 | 155,379 | 0 |
| JARROD JOHNSON<br>FORMER VP-ORTHOPEDIC SVC | 0 00 | | | | | | X | 56,729 | 163,140 | 5,703 |
| JOHN MAY<br>FORMER VP-CARDIOVASCULAR | 0 00 | | | | | | X | 67,867 | 195,172 | 3,737 |
| Ann Jones<br>FORMER VP-ONCOLOGY SVC | 0 00 | | | | | | X | 67,476 | 194,053 | 4,177 |
| MICHAEL ANDERSON MD<br>FORMER VP-Behavioral HS | 0 00 | | | | | | X | 39,693 | 114,149 | 4,835 |
| Pete Festersen<br>FORMER VP-Public Affairs | 0 00 | | | | | | X | 47,436 | 136,417 | 1,088 |

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

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---|---|---|---|---|
| NET PATIENT SVC REVENU | 621,500 | 235,391,030 | 235,391,030 | | |
| REIMBURSABLE-AFFILIATE | 621,990 | 5,286,591 | 5,286,591 | | |
| HOSPITAL PHARMACY | 446,110 | 1,710,966 | | | 1,710,966 |
| FOOD & NUTRITION | 722,320 | 660,474 | | 50,877 | 609,597 |
| JOINT HEALTH VENTURES | 900,099 | 406,981 | 406,981 | | |

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| *Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| PURCHASED SERVICES | 13,079,344 | 5,271,769 | 7,807,575 | |
| BAD DEBTS | 12,152,430 | 12,152,430 | | |
| EQUITY NET LOSS | 9,303,365 | 9,303,365 | | |
| MANAGEMENT ALLOCATIONS | 6,483,664 | 385,331 | 6,098,333 | |
| MISCELLANEOUS | 3,416,974 | 3,416,974 | | |

## Additional Data

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

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

Part I, Line 3c Alegent Health-Immanuel Medical Center is part of the Alegent Health System The amount of financial assistance write-off for entities of the Alegent Health System IS based on a financial assistance sliding fee schedule utilizing a derivative of the current US Dept of Housing and Urban Development (HUD) very low income guidelines, which are updated yearly ALL EFFORTS ARE MADE TO ESTABLISH WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE PRIOR TO SERVICE IF POSSIBLE, OTHERWISE AS SOON AS POSSIBLE FOLLOWING SERVICE REPRESENTATIVES OF THE ALEGENT HEALTH SYSTEM HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT HEALTH'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONALFINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATIONINCLUDES EMPLOYMENT VERIFICATION AND OBTAINING DOCUMENTATION OF THE APPLICANT'S FINANCIAL CONDITION SUCH AS FEDERAL TAX RETURN, PAY STUB, NET WORTH AND/OR LIQUID ASSETS AND REASONABLE HOUSEHOLD OR BUSINESS EXPENSES FINANCIAL ASSISTANCE MAY STILL BE GRANTED IN CERTAIN CIRCUMSTANCES INVOLVING A CATASTROPHIC OCCURRENCE RESULTING IN MEDICAL BILLS GROSSLY EXCEEDING THE PATIENT'S ABILITY TO PAY, AND IN THESE SITUATIONS, THE PATIENT'S RESPONSIBILITY WILL BE LIMITED TO 20% OF THE FAMILY'S GROSS ANNUAL INCOME Part I, line 6a The Alegent Health System produces a public community benefit report that is mailed to a core constituency and placed in key places throughout the organization It is also available on the COMPANY'S intranet site, and on its public website at www alegent com

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

Part I, Line 7 THE COSTING METHOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WERE WORKSHEETS 1 - 8 PROVIDED WITH THE SCHEDULE H INSTRUCTIONS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CALCULATE TOTAL COMMUNITY BENEFIT EXPENSE FOR CHARITY CARE, MEDICAID AND OTHER MEANS TESTED

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

| |
|---|
| Part I, Line 7g Alegent Health Immanuel Medical Center provides subsidized health to the broader community via behavioral health services |

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

Part I, Line 7f Bad debt of $12,152,430 included in THE functional expense total part IX, line 25 is not included in the total operating expense used to calculate the table 7 percentages

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

Part III, Line 4 THE AUDITED FOOTNOTES FOR ENTITIES OF THE ALEGENT HEALTH SYSTEM DO NOT CONTAIN FOOTNOTES RELATED TO BAD DEBT EXPENSE BAD DEBT EXPENSE IS IDENTIFIED ON THE CONSOLIDATED STATEMENT OF OPERATIONS WHICH IS CONSISTENT WITH THE REPORTING PRACTICE OF OTHER HEALTH CARE ORGANIZATIONS Bad debt expense (at cost) for Entities of Alegent Health is determined by using the cost to charge ratio from Medicare Cost reports per entity and multiplying the ratio by the actual bad debt charges per entity To determine the amount of the ORGANIZATION'S bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy, Representatives of the Alegent Health System determine if an account needs to be moved from bad debt to charity when a patient either comes forward and completes a charity application, which is approved or if it is determined that the patient has no other resources to pay the account balance

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

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

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

Part III, Line 9b THE Alegent HEALTH'S SELF PAY BILLING AND BAD DEBT POLICY HAS A CLEARLY DELINEATED PROCESS FOR COLLECTION AGENCIES TO FOLLOW, INCLUDING EXPLICIT INSTRUCTIONS THAT ENSURE THE CHARITY CARE PATIENTS WHO HAVE BEEN IDENTIFIED DO NOT GO TO COLLECTIONS PART V 1 SKILLED NURSING FACILITY

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

Part VI, Line 2 THE ALEGENT HEALTH SYSTEM APPROACHES COMMUNITY NEEDS ASSESSMENT AS A CORPORATE ACTIVITY THAT DEVELOPS AND INTEGRATES COUNTY BASED HEALTH PROFILES FOR EACH OF THE COUNTIES WHERE ONE OF THE LICENSED HOSPITALS ARE LOCATED THE PROCESS TO DEVELOP THE ASSESSMENTS IS COLLABORATIVE IN NATURE AND INVOLVES HEALTH DEPARTMENTS, EXISTING HEALTH COALITIONS, COMMUNITY MEMBERS AND HOSPITAL LEADERSHIP, AND IS SUPPORTED BY THE ALEGENT HEALTH PLANNING AND COMMUNITY BENEFIT DEPARTMENT STAFF THE ALEGENT HEALTH PLANNING DEPARTMENT CONDUCTS MARKET ASSESSMENTS THAT IDENTIFY THE OMAHA METROPOLITAN STATISTICAL AREA'S POPULATION AND DEMOGRAPHIC CHARACTERISTICS ADDITIONALLY, IN COOPERATION WITH LOCAL HEALTH DEPARTMENTS AND COALITIONS, THE ALEGENT HEALTH COMMUNITY BENEFIT/HEALTHIER COMMUNITY DEPARTMENT CONDUCTS AN ANNUAL REVIEW OF THE DOCUMENTED COMMUNITY HEALTH NEEDS AND PLANS OF EACH OF THE COMMUNITIES IT SERVES THIS ASSESSMENT PROCESS INVOLVES SUMMARIZING EXISTING DATA AND RESEARCH FROM LOCAL HEALTH DEPARTMENT REPORTS AND LOCAL COALITION REPORTS INTO A COMPREHENSIVE SUMMARY GRID INCORPORATING A MULTITUDE OF FACTORS INCLUDING- DEMOGRAPHICS, HEALTH STATUS METRICS, Behavıoral Rısk Factor Surveıllance Survey DATA, DOCUMENTED HEALTH ISSUES, QUALITATIVE INFORMATION FROM QUALITATIVE AND COMMUNITY BASED PROCESSES AND IDENTIFICATION OF ALEGENT HEALTH'S PARTICIPATION AND SPECIFIC STRATEGIC ACTION PLANS THE PROFILES ARE INTEGRATED INTO THE GOVERNANCE AND PLANNINGFOR ALEGENT HEALTH ON TWO LEVELS I REPORTING TO THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITHHEALTH PLANNING OVERSIGHTII INTO THE ANNUAL STRATEGIC PLANNING PROCESSES OF ALEGENT HEALTH PARTICULAR TO DOUGLAS COUNTY, WHICH IMMMANUEL MEDICAL CENTER RESIDES,NEEDS ASSESSMENT AND REPORTING OF THOSE NEEDS IS LED BY LIVE WELL OMAHA, AMEMBERSHIP BASED COALITION LIVE WELL OMAHA HAS BEEN IN EXISTENCE FOR 14YEARS AND ALEGENT HEALTH WAS A FOUNDING MEMBER AND IS THE LARGESTFINANCIAL CONTRIBUTOR

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

Part VI, Line 4 THE ALEGENT HEALTH SYSTEM SERVES THE OMAHA METROPOLITAN STATISTICAL AREA, WITH AN ESTIMATED POPULATION OF 842,976, RANKING 60TH OUT OF 366 MSAS IN THE TOTAL POPULATION ON AVERAGE, THE POPULATION IS OLDER THAN THE U S WITH A CURRENT MEDIAN AGE OF 34 9 YEARS THAT IS PROJECTED TO INCREASE TO 35 5 BY 2014 50 6% OF THE POPULATION IS FEMALE THE OMAHA MSA RACIAL AND ETHNIC MAKEUP IS APPROXIMATELY 83 9% WHITE, 7 7% BLACK AND 7 6% HISPANIC OR LATINO THE 2009 ESTIMATES SHOW THAT THERE ARE APPROXIMATELY 326,989 HOUSEHOLDS, WHICH IS PROJECTED TO INCREASE OVER THE NEXT FIVE YEARS THE AVERAGEHOUSEHOLD INCOME IS $68,637, WITH A PER CAPITA INCOME OF $26,840 (VSNATIONAL OF $26,410)

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

Part VI, Line 5 AS A RESULT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2006, WHICH POINTED TO CHILDHOOD OBESITY AS A SERIOUS HEALTH NEEDS ISSUE ACROSS ALL OMAHA MSA COUNTIES SERVED, THE ALEGENT HEALTH SYSTEM PARTNERED WITH THE COMMUNITY AND MADE A MULTI-YEAR COMMITMENT TO IMPACT CHILDHOOD OBESITY THROUGH COMMUNITY BASED BEST PRACTICE INTERVENTIONS THIS INITIATIVE HAS HAD A PRIMARY FOCUS OF IMPACT IN DOUGLAS COUNTY, BUT THE FUNDING TO UNDERWRITE HAS COME FROM THE FISCAL PERFORMANCE OF ALL ALEGENT HEALTH HOSPITALS THE COMMUNITY COALITION KNOWN AS LIVE WELL OMAHA KIDS (LWOK) IS STAFFED AND FUNDED BY ALEGENT HEALTH An Executive committee, which consists of community leaders and policy makers, have implemented an ecological approach that improves programs, policies and promotes physical activity and healthy eating habits at the individual and organizational levels MORE THAN 200 VOLUNTEERS HAVE PARTICIPATED IN THE PLANNING AND IMPLEMENTATION OF LWOK INITIATIVES A PORTION OF THIS INVESTMENT IN LWOK IS ALLOCATED TO THE ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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

Part VI, Line 6 THE PRIMARY CARE PHYSICIAN CLINICS THAT ARE PART OF THE ALEGENT HEALTH SYSTEM PARTICIPATE IN MEDICAL STUDENT PRECEPTORSHIPS THAT ADVANCE THE HEALTHCARE PROVIDER EDUCATION PROCESS THE ALEGENT HEALTH SYSTEM HAS OPEN MEDICAL STAFFS AND IS ONE OF 3 HEALTH SYSTEMS THAT FUND THE OPERATIONS OF A COALITION THAT EXISTS TO PROVIDE ACCESS FOR THE PATIENTS OF 3 AREA Federally Qualified Community Health CenterS TO SPECIALTY PHYSICIAN SERVICES AND HOSPITAL BASED DIAGNOSTICS AND TREATMENT THE ALEGENT HEALTH SYSTEM IS THE SOLE COMPREHENSIVE ACUTE MENTAL HEALTH PROVIDER IN THE OMAHA MSA AREA THE ALEGENT HEALTH SYSTEM IS A JOINT VENTURE PARTNER IN A NOT-FOR-PROFIT HOSPICE INPATIENT HOSPITAL AND PROVIDES THE MANAGEMENT SUPPORT CONTRACT THE ALEGENT HEALTH SYSTEM BUDGETS FOR AN EMERGENCY FUND AS A SUBSET OF OTHER COMMUNITY DONATIONS TO RESPOND TO CRISIS OR UNPLANNED FUNDING NEEDS OF A VITAL COMMUNITY SERVICE, WHICH WAS FIRST USED IN FY2010 WITH THE ECONOMIC DOWNTURN THE ALEGENT HEALTH SYSTEM HAS A CURRENT COMMITMENT TO SET ASIDE UP TO 6% OF ITS EBIDA IN A GIVEN FISCAL YEAR FOR COLLABORATIVE INITIATIVES TO IMPROVE THE HEALTH OF THE COMMUNITIES SERVED, WHICH IS THE CATALYST FUND BOARD OF DIRECTORS - THE ALEGENT HEALTH SYSTEM is governed by a Board of Directors primarily comprised of volunteer members of our local community who are leaders in the fields of business, healthcare, accounting and medicine and understand their role in providing strong corporate governance The Board of Directors consists of twelve voting members and two non-voting members EMERGENCY DEPARTMENT - ALEGENT HEALTH IMMANUEL MEDICAL CENTER hospital has a full-time emergency department that is open to the public and provides medical screening examinations and stabilizing treatment within the capabilities and capacity of the hospital regardless of but not limited to the PATIENT'S race, color, sex, age, and/or ability to pay The hospital is in compliance with the federal EMTALA regulations In addition, ALEGENT HEALTH IMMANUEL MEDICAL CENTER, together with unrelated hospitals in the area, work closely with local fire and rescue departments to ensure that ambulances take patients to the appropriate hospital This is generally the hospital that is closet geographically with exceptions based on patient preference, PATIENT'S physician preference, and capacity or the availability of specialized facilities or programs related to the PATIENT'S condition Finally, ALEGENT HEALTH IMMANUEL MEDICAL CENTER maintains detailed procedures regarding when and under what circumstances a patient can be transferred Under this policy, no patient will be transferred based on race, creed, religion or ability to pay MEDICAL STAFF - The hospital maintains an open medical staff All qualified MDs, DOs, other healthcare practitioners, and mid-level practitioners are eligible to apply for privileges at the hospital ALEGENT HEALTH IMMANUEL MEDICAL CENTER'S policy on physician credentialing is that no individual is to be denied medical staff appointment based on sex, race, creed, color or national origin The standards a physician must meet for appointment relate to (1) educational qualifications and licensing, (2) professional competence, (3) character, (4) ethical standing, and (5) ability to relate to and work with others Applications are reviewed at several levels within the organization Physicians who have been granted staff privileges automatically become members of the Medical staff at the hospital

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

Part VI, Line 7 THE SENIOR LEADERSHIP OF THE INDIVIDUAL HOSPITALS ARE ENGAGED IN THE COMMUNITY NEEDS ASSESSMENT PROCESS THAT IS CONDUCTED FROM THE CORPORATE OFFICES OF THE ALEGENT HEALTH SYSTEM (SEE PART VI-2/COMMUNITY NEEDS ASSESSMENT) THE HOSPITALS ARE INVOLVED IN SHARED BUDGET DECISION MAKING TO MEET THE PRIORITIZED COMMUNITY HEALTH NEEDS IN COLLABORATION WITH COMMUNITY PARTNERS THE CORPORATE FUNCTION IS FUNDED FROM THE OPERATIONS OF THE INDIVIDUAL HOSPITALS TO LEVERAGE EXPERTISE AND TIME THAT IS FOCUSED ON PROMOTING HEALTH THE INDIVIDUAL HOSPITALS BECOME MORE INVOLVED IN SPECIFIC STRATEGIC RESPONSES THROUGH THE SERVICES THEY PROVIDE AND THEIR PARTICIPATION IN THE COALITIONS ACROSS THE ALEGENT HEALTH SERVICE AREA

**Additional Data**

Return to Form

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| ANTHONY HATCHER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DO | (II) | 361,253 | 57,454 | 79,556 | 19,380 | 16,188 | 533,831 | 0 |
| ERIC GURLEY | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 254,034 | 0 | 22,736 | 0 | 18,834 | 295,604 | 0 |
| WAYNE A SENSOR | (I) | 138,774 | 84,962 | 229,545 | 4,368 | 1,651 | 459,300 | 212,951 |
| | (II) | 399,090 | 244,334 | 660,129 | 12,562 | 4,748 | 1,320,863 | 612,407 |
| RICHARD HACHTEN II | (I) | 74,364 | 4,169 | 343,800 | 188,910 | 596 | 611,839 | 333,856 |
| | (II) | 213,860 | 11,991 | 988,706 | 543,269 | 1,715 | 1,759,541 | 960,111 |
| FRED HOSLER MD | (I) | 95,888 | 46,342 | 98,868 | 93,617 | 1,781 | 336,496 | 85,129 |
| | (II) | 275,758 | 133,270 | 284,326 | 269,226 | 5,123 | 967,703 | 244,816 |
| MARTIN HICKEY MD | (I) | 100,075 | 36,760 | 73,735 | 9,577 | 2,214 | 222,361 | 28,079 |
| | (II) | 287,797 | 105,716 | 212,047 | 27,544 | 6,366 | 639,470 | 80,751 |
| KENNETH LAWONN | (I) | 73,719 | 34,870 | 58,291 | 8,334 | 1,609 | 176,823 | 53,665 |
| | (II) | 212,003 | 100,279 | 167,635 | 23,966 | 4,627 | 508,510 | 154,332 |
| SCOTT WOOTEN | (I) | 96,918 | 43,959 | 55,682 | 3,420 | 1,811 | 201,790 | 49,717 |
| | (II) | 278,718 | 126,418 | 160,132 | 9,835 | 5,209 | 580,312 | 142,978 |
| MARK KESTNER MD | (I) | 57,945 | 26,434 | 51,247 | 38,383 | 2,462 | 176,471 | 37,680 |
| | (II) | 166,640 | 76,019 | 147,376 | 110,384 | 7,080 | 507,499 | 108,362 |
| JOAN NEUHAUS | (I) | 75,655 | 23,142 | 21,006 | 46,866 | 969 | 167,638 | 20,077 |
| | (II) | 217,569 | 66,554 | 60,408 | 134,777 | 2,787 | 482,095 | 57,737 |
| MARGARET BREEN | (I) | 48,581 | 33,079 | 40,195 | 3,793 | 662 | 126,310 | 34,384 |
| | (II) | 139,710 | 95,129 | 115,592 | 10,908 | 1,905 | 363,244 | 98,882 |
| AMY PROTEXTER | (I) | 36,892 | 31,648 | 37,147 | 5,271 | 2,079 | 113,037 | 28,989 |
| | (II) | 106,092 | 91,015 | 106,827 | 15,158 | 5,979 | 325,071 | 83,368 |
| PATRICIA NADLE | (I) | 33,133 | 0 | 979 | 64,150 | 1,030 | 99,292 | 0 |
| | (II) | 95,284 | 0 | 2,816 | 184,483 | 2,962 | 285,545 | 0 |
| PAUL EBMEIER | (I) | 70,190 | 13,022 | 2,365 | 4,368 | 1,490 | 91,435 | 0 |
| | (II) | 201,857 | 37,449 | 6,800 | 12,562 | 4,284 | 262,952 | 0 |
| SHEREE KEELY | (I) | 37,932 | 12,106 | 6,529 | 4,476 | 1,200 | 62,243 | 6,453 |
| | (II) | 109,085 | 34,815 | 18,776 | 12,873 | 3,450 | 178,999 | 18,556 |
| Elizabeth LLEWELLYN | (I) | 37,421 | 14,175 | 17,447 | 5,170 | 261 | 74,474 | 12,816 |
| | (II) | 107,617 | 40,766 | 50,174 | 14,867 | 750 | 214,174 | 36,856 |
| PATRICIA MASEK | (I) | 35,629 | 11,422 | 9,316 | 10,162 | 1,004 | 67,533 | 5,744 |
| | (II) | 102,462 | 32,849 | 26,792 | 29,224 | 2,888 | 194,215 | 16,520 |
| FRANK EMSICK | (I) | 43,201 | 13,991 | 11,718 | 4,394 | 1,911 | 75,215 | 11,429 |
| | (II) | 124,236 | 40,236 | 33,700 | 12,636 | 5,494 | 216,302 | 32,867 |
| ANN SCHUMACHER | (I) | 70,211 | 22,716 | 19,388 | 5,953 | 2,858 | 121,126 | 19,007 |
| | (II) | 201,917 | 65,326 | 55,757 | 17,118 | 8,218 | 348,336 | 54,661 |
| JAYNE MCCORMICK | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MD | (II) | 175,075 | 0 | 56,987 | 16,672 | 319 | 249,053 | 0 |
| Arun Sharma MD | (I) | 397,597 | 0 | 12,379 | 19,380 | 24,734 | 454,090 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael L Egger MD | (I) | 260,504 | 0 | 23,944 | 19,380 | 21,754 | 325,582 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thomas A Franco MD | (I) | 358,507 | 31,602 | 24,154 | 21,830 | 16,895 | 452,988 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael L Coy MD | (I) | 300,344 | 0 | 31,285 | 19,380 | 9,046 | 360,055 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hudson H T Hsieh MD | (I) | 267,409 | 0 | 28,634 | 16,930 | 19,589 | 332,562 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THEODORE SCHWAB | (I) | 0 | 0 | 96,122 | 949 | 4,140 | 101,211 | 95,998 |
| | (II) | 0 | 0 | 276,430 | 2,729 | 11,901 | 291,060 | 276,073 |
| DUANE DAVID | (I) | 0 | 0 | 54,030 | 0 | 0 | 54,030 | 53,908 |
| | (II) | 0 | 0 | 155,379 | 0 | 0 | 155,379 | 155,029 |
| JARROD JOHNSON | (I) | 2,356 | 7,491 | 46,882 | 585 | 887 | 58,201 | 44,895 |
| | (II) | 6,775 | 21,542 | 134,823 | 1,681 | 2,550 | 167,371 | 129,109 |
| JOHN MAY | (I) | 2,557 | 8,514 | 56,796 | 684 | 281 | 68,832 | 54,262 |
| | (II) | 7,353 | 24,485 | 163,334 | 1,968 | 804 | 197,944 | 156,049 |
| Ann Jones | (I) | 2,082 | 8,620 | 56,774 | 0 | 1,078 | 68,554 | 55,448 |
| | (II) | 5,992 | 24,790 | 163,271 | 0 | 3,099 | 197,152 | 159,460 |
| MICHAEL ANDERSON | (I) | 2,374 | 8,042 | 29,277 | 1,067 | 180 | 40,940 | 27,840 |
| MD | (II) | 6,826 | 23,127 | 84,196 | 3,070 | 518 | 117,737 | 80,063 |
| Pete Festersen | (I) | 2,663 | 6,291 | 38,482 | 0 | 281 | 47,717 | 37,863 |
| | (II) | 7,657 | 18,093 | 110,667 | 0 | 807 | 137,224 | 108,886 |

## Additional Data

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

**efile GRAPHIC print - DO NOT PROCESS** | **As Filed Data -** | **DLN: 93493133028031**

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

**Employer identification number**
47-0376615

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

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

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section B, line 11 | | Tax returns for entities of the Alegent Health system are prepared by THE SYSTEM tax department Following the preparation of ALEGENT HEALTH-IMMANUEL MEDICAL CENTER Form 990 by internal tax staff, the return is reviewed by the Tax Director, External Tax Advisor and the Chief Financial Officer The final tax return is posted on the electronic DIRECTOR'S portal to be reviewed and presented at the Finance and Audit Committee of the Board The Chief Financial Officer and Tax Director are present at the Finance and Audit Committee meeting to answer questions Additionally, the Board of Directors are notified that the final Form 990, including all required schedules is available on the electronic portal for review and will be filed on May 16, 2011 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990, Part VI, Section B, line 12c | | Written Conflict of Interest Policy - ALEGENT HEALTH-IMMANUEL MEDICAL CENTER has adopted the conflict of interest policy and conflict investigation process of Alegent Health, the parent corporation of the Alegent Health System Annual completion of the disclosure statement is required By the Board of DIRECTORS Stated disclosures are investigated by the Alegent Health Compliance Officer and reported to the Conflicts of Interest Committee The Conflicts of Interest Committee reviews the investigation and makes recommendations to the Governance Committee The Governance Committee makes the final determination of whether or not there is a disqualifying event and communicates it to the Board 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 EXECUTIVE VICE PRESIDENT SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER CHIEF EXECUTIVE OFFICER ALEGENT HEALTH CLINIC SENIOR VICE PRESIDENT CHIEF OPERATIONS OFFICER SENIOR VICE PRESIDENT CHIEF MEDICAL OFFICER MEDICAL DIRECTORS (IMMANUEL) VICE PRESIDENT OPERATIONS SENIOR VICE PRESIDENT GENERAL COUNSEL SENIOR VICE PRESIDENT CHIEF INFORMATION OFFICER SENIOR VICE PRESIDENT HUMAN RESOURCES SENIOR VICE PRESIDENT MARKETING |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART I, LINE 5 AND PART V, LINE 2A | | THE EMPLOYEES LISTED IN PART I, LINE 5 AND PART V, LINE 2A ARE EMPLOYED BY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER HOWEVER, THROUGH A COMMON PAY AGENT AGREEMENT, THE EMPLOYEES ARE PAID BY ALEGENT HEALTH AND PAYROLL EXPENSES ARE ALLOCATED TO ALEGENT HEALTH-IMMANUEL MEDICAL CENTER |

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

| Identifier | Return Reference | Explanation |
|---|---|---|
| FORM 990, PART VI, SECTION B, LINE 16 | | ALEGENT HEALTH-IMMANUEL MEDICAL CENTER HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, ALEGENT HEALTH'S SYSTEM-WIDE JOINT VENTURE MODEL INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE 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 |