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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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) 6901 NORTH 72ND STREET | Room/suite

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 $ 297,603,514

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) ☐ 501(c) ( ) ◀ (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**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,957
6	Total number of volunteers (estimate if necessary)	**6**	411
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	196,055
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	35,036

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	696,247	521,944
	9 Program service revenue (Part VIII, line 2g)	243,544,887	217,799,831
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,933,425	42,502,007
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,688,240	27,955,969
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279,862,799	288,779,751
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,167,842	21,450,502
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	123,464,854	115,924,692
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶70,618		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	129,299,651	111,456,033
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	269,932,347	248,831,227
	19 Revenue less expenses Subtract line 18 from line 12	9,930,452	39,948,524

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	511,697,918	593,611,626
	21 Total liabilities (Part X, line 26)	122,419,898	146,737,325
	22 Net assets or fund balances Subtract line 21 from line 20	389,278,020	446,874,301

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: 2012-05-14

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LORRAINE A EGGER	LORRAINE A EGGER		☐	

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ TWO CENTRAL PARK PLAZA SUITE 1501
OMAHA, NE 681021626 — Phone no ▶ (402) 348-1450

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 $ 22,792,428 including grants of $ 7,112,957) (Revenue $ 71,419,281)

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 $ 16,261,968 including grants of $ 3,838,749) (Revenue $ 38,543,846)

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 $ 6,014,957 including grants of $ 1,577,562) (Revenue $ 15,839,875)

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 THEIR 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 $ 161,746,114 including grants of $ 8,921,234) (Revenue $ 89,684,625)

4e **Total program service expenses** ▶ $ 206,815,467

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	81		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,957		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b** Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a** 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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,174,496	8,606,487	2,799,413

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 ▶ 71

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CASSLING DIAGNOSTIC IMAGING INC 13808 F STREET OMAHA, NE 68137	DIAGNOSTIC IMAGING SERVICES	1,378,053
NORTHWEST ANESTHESIA PC 6901 N 72ND STREET OMAHA, NE 68122	ANESTHESIA SERVICES	725,107
GRAHAM CONSTRUCTION INC 13210 CENTENNIAL RD 1 OMAHA, NE 68138	CONSTRUCTION SERVICES	640,002
BAXTER-KENWORTHY ELECTRIC INC 4600 S 76TH CIRCLE OMAHA, NE 68127	ENGINEERING SERVICES	532,937
DOUBLE D EXCAVATING INC 8615 VERNON AVE OMAHA, NE 68134	CONSTRUCTION SERVICES	335,081
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 ▶ 28		

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	58,500			
	c	Fundraising events	1c	57,002			
	d	Related organizations	1d	364,167			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	42,275			
	g	Noncash contributions included in lines 1a-1f $		42,275			
	h	**Total.** Add lines 1a-1f	▶	521,944			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REVENU	621500	209,792,089	209,792,089		
	b	REIMBURSABLE-AFFILIATE	621990	5,586,624	5,586,624		
	c	HOSPITAL PHARMACY	446110	1,627,122			1,627,122
	d	FOOD & NUTRITION	722320	678,068		33,293	644,775
	e	HEALTH EDUCATION	611710	108,914	108,914		
	f	All other program service revenue		7,014			7,014
	g	**Total.** Add lines 2a–2f	▶	217,799,831			
	3	Investment income (including dividends, interest and other similar amounts)	▶	-284,207			-284,207
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				

		(i) Real	(ii) Personal				
	6a	Gross Rents	2,225,750					
	b	Less rental expenses	512,324					
	c	Rental income or (loss)	1,713,426					
	d	Net rental income or (loss)	▶		1,713,426			1,713,426

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	23,876,137	26,876,708			
	b	Less cost or other basis and sales expenses		7,966,631			
	c	Gain or (loss)	23,876,137	18,910,077			
	d	Net gain or (loss)	▶		42,786,214			42,786,214
Other Revenue	8a	Gross income from fundraising events (not including $ 57,002 of contributions reported on line 1c) See Part IV, line 18	a	43,987				
	b	Less direct expenses	b	75,127				
	c	Net income or (loss) from fundraising events	▶		-31,140			-31,140
	9a	Gross income from gaming activities See Part IV, line 19	a	11,450				
	b	Less direct expenses	b	6,300				
	c	Net income or (loss) from gaming activities	▶		5,150			5,150
	10a	Gross sales of inventory, less returns and allowances	a	373,324				
	b	Less cost of goods sold	b	263,381				
	c	Net income or (loss) from sales of inventory	▶		109,943			109,943

	Miscellaneous Revenue	Business Code				
11a	JOA SETTLEMENTS	812300	19,785,000			19,785,000
b	REIMBURSED SERVICES	621990	2,810,432			2,810,432
c	MISCELLANEOUS OPERATIN	561499	2,584,340		162,762	2,421,578
d	All other revenue		978,818			978,818
e	**Total.** Add lines 11a–11d ▶		26,158,590			
12	**Total revenue.** See Instructions ▶		288,779,751	215,487,627	196,055	72,574,125

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	9,384	9,384		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	21,441,118	21,441,118		
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	1,832,560	1,557,676	274,884	
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	90,137,059	73,707,806	16,362,552	66,701
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,779,637	3,593,288	186,349	
9 Other employee benefits	15,123,483	9,948,109	5,175,374	
10 Payroll taxes	5,051,953	4,763,995	284,041	3,917
a Fees for services (non-employees) Management				
b Legal	4,076	285	3,791	
c Accounting				
d Lobbying	17,274	17,274		
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	3,858,651	2,275,781	1,582,870	
12 Advertising and promotion	29,431	29,431		
13 Office expenses	30,753,569	30,375,610	377,959	
14 Information technology				
15 Royalties				
16 Occupancy	7,829,395	7,829,395		
17 Travel	137,429	69,474	67,955	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,283	38,283		
20 Interest	5,460,429	5,460,429		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,113,625	14,911,923	5,201,702	
23 Insurance	616,541	616,541		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	17,382,840	10,739,530	6,643,310	
b BAD DEBTS	9,871,449	9,871,449		
c EQUITY NET LOSS	8,277,518	8,277,518		
d MANAGEMENT ALLOCATIONS	5,790,803	6,448	5,784,355	
e MISCELLANEOUS	867,463	867,463		
f All other expenses	407,257	407,257		
25 **Total functional expenses.** Add lines 1 through 24f	248,831,227	206,815,467	41,945,142	70,618
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		414,057	1	735,745
	2	Savings and temporary cash investments		20,155,527	2	50,158,053
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		25,509,809	4	21,437,399
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,008,795	8	3,227,004
	9	Prepaid expenses and deferred charges		230,776	9	230,776
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 312,071,795			
	b	Less accumulated depreciation	10b 171,474,826	145,013,597	10c	140,596,969
	11	Investments—publicly traded securities		280,079,981	11	317,547,773
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		20,583,830	13	59,638,068
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15,701,546	15	39,839
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		511,697,918	16	593,611,626
Liabilities	17	Accounts payable and accrued expenses		8,555,178	17	5,794,560
	18	Grants payable			18	
	19	Deferred revenue		7,539	19	666,106
	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		111,165,217	23	132,888,865
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,691,964	25	7,387,794
	26	**Total liabilities.** Add lines 17 through 25		122,419,898	26	146,737,325
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		385,378,337	27	442,337,788
	28	Temporarily restricted net assets		2,109,683	28	2,745,513
	29	Permanently restricted net assets		1,790,000	29	1,791,000
		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		389,278,020	33	446,874,301
	34	Total liabilities and net assets/fund balances		511,697,918	34	593,611,626

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	288,779,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	248,831,227
3	Revenue less expenses Subtract line 2 from line 1	3	39,948,524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	389,278,020
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,647,757
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	446,874,301

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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 described in **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

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

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Additional Data

Software ID:
Software Version:
EIN: 47-0376615
Name: 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 ANDERSEN DIRECTOR	4 00	X						0	0	0
SR LILLIAN MURPHY RSM DIRECTOR	4 00	X						0	0	0
ANTHONY HATCHER DO SECRETARY/TREASURER	6 00	X		X				0	430,677	31,545
JOHN HEWITT CHAIR	6 00	X		X				0	0	0
MARTIN MANCUSO MD DIRECTOR	4 00	X						0	18,500	0
ANTOINETTE HARDY-WALLER RN DIRECTOR	4 00	X						0	17,500	0
RICHARD VIERK DIRECTOR	4 00	X						0	26,500	0
MICHAEL DEFREECE VICE CHAIR	6 00	X		X				0	0	0
PAUL EDGETT III DIRECTOR	4 00	X						0	0	0
ERIC GURLEY DIRECTOR	4 00	X						0	0	0
H KEITH SCHMODE DIRECTOR	4 00	X						0	18,500	0
GUILLERMO HUERTA MD DIRECTOR	4 00	X						0	0	0
RICHARD HACHTEN II PRESIDENT & CEO	14 00			X				244,390	805,089	278,627
MARTIN HICKEY MD SVP/CEO CLINICS	14 00			X				168,661	555,623	205,555
KENNETH LAWONN SVP/STRATEGY AND TECHNOLOGY	14 00			X				103,281	340,240	134,712
SCOTT WOOTEN SVP/CFO	14 00			X				125,929	414,850	136,617
JOAN NEUHAUS SVP/COO	14 00			X				109,208	359,763	324,164
JANE CARMODY SVP/CNO	14 00			X				60,191	198,287	376,202
RICK MILLER MD SVP/CQO	14 00			X				25,157	82,877	368,614
LARRY BROWN MD AHC-INTERIM CEO CLINICS	1 00			X				0	380,851	51,034
RICHARD ROLSTON MD AHC-PRESIDENT & CEO	14 00			X				0	0	0
PAUL EBMEIER COO-AHC	14 00				X			78,442	258,410	52,953
SHEREE KEELY VP-BEHAVIORAL HEALTH SVC	14 00				X			41,766	137,589	39,094
ELIZABETH LLEWELLYN VP-MISSION INTEGRATION	14 00				X			50,649	166,857	43,049
PATRICIA MASEK VP-MEDICAL AFFAIRS	14 00				X			43,144	142,133	65,673

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			
FRANK EMSICK VP-CONSTRUCTION	14 00				X			48,796	160,754	47,892
ANN SCHUMACHER COO-IMC	60 00				X			75,665	249,260	75,876
NANCY WALLACE VP-HUMAN RESOURCES	14 00				X			52,699	173,603	357,417
ARUN SHARMA MD PHYSICIAN	60 00					X		454,051	0	28,167
MICHAEL EGGER MD PHYSICIAN	60 00					X		310,593	0	37,967
THOMAS FRANCO MD PHYSICIAN	60 00					X		434,690	0	37,009
MICHAEL COY MD PHYSICIAN	60 00					X		325,023	0	24,545
HUDSON HSIEH MD PHYSICIAN	60 00					X		308,535	0	33,281
WAYNE SENSOR FORMER CEO							X	525,920	1,732,539	13,511
THEODORE SCHWAB FORMER SVP/CIO							X	54,074	178,136	1,258
FRED HOSLER MD FORMER SVP/CMO							X	187,787	618,625	7,239
MARK KESTNER MD FORMER SVP/CMO							X	128,958	424,831	7,402
MARGARET BREEN FORMER SVP/HR							X	63,826	210,264	5,445
AMY PROTEXTER FORMER SVP/MARKETING & COMM							X	58,058	191,259	9,793
PATRICIA NADLE FORMER SVP/CNO							X	57,654	189,932	4,772
MICHAEL ANDERSON FORMER VP-BEHAVIORAL HS							X	37,349	123,038	0

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

4d. Other program services

(Code) (Expenses $ 161,746,114 including grants of $ 8,921,234) (Revenue $ 89,684,625)

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 EVERYTHING DONE AT ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	17,274	106,741
c Total lobbying expenditures (add lines 1a and 1b)	17,274	106,741
d Other exempt purpose expenditures	248,813,953	484,963,523
e Total exempt purpose expenditures (add lines 1c and 1d)	248,831,227	485,070,264
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) 2007	(b) 2008	(c) 2009	(d) 2010	(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	136,554	176,941	262,701	106,741	682,937
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

2010

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	2,938,870	2,665,977	2,688,014		
b Contributions	5,001	126,695	800,115		
c Investment earnings or losses	464,742	298,938	-448,721		
d Grants or scholarships	6,642	9,996	3,875		
e Other expenditures for facilities and programs	183,950	142,744	369,556		
f Administrative expenses					
g End of year balance	3,218,021	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 ▶ 39 000 %
- c Term endowment ▶ 61 000 %

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		1,800,312		1,800,312
b Buildings		145,719,602	67,849,819	77,869,783
c Leasehold improvements		479,327	338,930	140,397
d Equipment		153,273,987	98,961,366	54,312,621
e Other		10,798,567	4,324,711	6,473,856
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				140,596,969

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN MCH HEALTH SYSTEM	6,876,791	C
(2) INVESTMENT IN ALEGENT HEALTH	50,159,388	C
(3) INVESTMENT IN PRAIRIE HEALTH VENTURES, LLC	2,594,875	C
(4) AMHS HERITAGE, LLC	7,014	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	59,638,068	

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	4,062,939
INTERCOMPANY LIABILITY	3,324,855
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	7,387,794

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
		PART X, LINE 2 - ENTITIES OF THE ALEGENT HEALTH SYSTEM RECOGNIZE THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED SUCH TAX POSITIONS, WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT THEIR HIGHEST VALUE CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS DURING 2011 AND 2010, 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

2010

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

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

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

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

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

		(a) Event #1 IMMANUEL REHAB INPATIENT 2011 (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	100,989			100,989
	2 Less Charitable contributions	57,002			57,002
	3 Gross income (line 1 minus line 2)	43,987			43,987
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	36,425			36,425
	6 Rent/facility costs	13,244			13,244
	7 Food and beverages	10,500			10,500
	8 Entertainment	1,600			1,600
	9 Other direct expenses	13,358			13,358
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				75,127
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-31,140

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

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

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135042582

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)		7,728	9,293,093	2,105,841	7,187,252	3 010 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		2,286	45,181,226	32,005,558	13,175,668	5 510 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		10,014	54,474,319	34,111,399	20,362,920	8 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		14,205	245,950	18,166	227,784	0 100 %
f Health professions education (from Worksheet 5)		72	499,273	89,680	409,593	0 170 %
g Subsidized health services (from Worksheet 6)			0	0		
h Research (from Worksheet 7)			302,804	125,604	177,200	0 070 %
i Cash and in-kind contributions to community groups (from Worksheet 8)		301	224,026	83	223,943	0 090 %
j **Total** Other Benefits		14,578	1,272,053	233,533	1,038,520	0 430 %
k **Total.** Add lines 7d and 7j		24,592	55,746,372	34,344,932	21,401,440	8 950 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support		14	3,024		3,024	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building		7	260,218		260,218	0 110 %
7	Community health improvement advocacy			5,542		5,542	0 %
8	Workforce development						
9	Other						
10	**Total**		21	268,784		268,784	0 110 %

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,978,216		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	1,320,429		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	44,603,698
6	Enter Medicare allowable costs of care relating to payments on line 5	6	49,170,122
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-4,566,424
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

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

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	ALEGENT HEALTH IMMANUEL MEDICAL CENTER 6901 NORTH 72ND STREET OMAHA,NE 68122	X	X					X		

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

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

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

	Name and address	Type of Facility (Describe)
1	AH IMMANUEL FONTENELLE HOME 6809 NORTH 68TH PLAZA OMAHA,NE 68152	SKILLED NURSING FACILITY
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

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

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

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

Identifier	ReturnReference	Explanation
		PART I, LINE 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

Identifier	ReturnReference	Explanation
		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 AND MEDICAID

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT OF $9,871,449 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 THE DENOMINATOR USED TO CALCULATE THE COST TO CHARGE RATIO WAS $238,959,778

Identifier	ReturnReference	Explanation
		PART II 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, HAS 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 ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
ALEGENT HEALTH IMMANUEL MEDICAL CENTER		PART V, SECTION B, LINE 11H SIZE OF FAMILY IS ALSO USED IN THE CALCULATION

Identifier	ReturnReference	Explanation
ALEGENT HEALTH IMMANUEL MEDICAL CENTER		PART V, SECTION B, LINE 13G INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE AT WWW ALEGENT COM AND THROUGH BROCHURES PROVIDED AT THE MAIN PATIENT REGISTRATION AREAS LETTERS AND BILLING STATEMENTS SENT OUT TO PATIENTS INCLUDE A STATEMENT THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE AND HOW TO OBTAIN ADDITIONAL INFORMATION COUNSELORS OF THE ALEGENT HEALTH SYSTEM ALSO DISSEMINATE INFORMATION ON THE FINANCIAL ASSISTANCE POLICY TO PATIENTS

Identifier	ReturnReference	Explanation
		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 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, BEHAVIORAL RISK FACTOR SURVEILLANCE 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, WITHIN WHICH THE IMMANUEL MEDICAL CENTER RESIDES, NEEDS ASSESSMENT AND REPORTING OF THOSE NEEDS IS LED BY LIVE WELL OMAHA (LWO), A MEMBERSHIP BASED COALITION LWO HAS BEEN IN EXISTENCE FOR 14 YEARS AND ALEGENT HEALTH WAS A FOUNDING MEMBER AND IS THE LARGEST FINANCIAL CONTRIBUTOR THE ALEGENT HEALTH SYSTEM CONTINUES TO PROVIDE LEADERSHIP AND FUNDING FOR LWO COALITION WHICH INCLUDES HEALTHCARE PROVIDERS, PUBLIC HEALTH SERVICE PROVIDERS, INSURERS, BUSINESSES AND ACADEMIA WHO PARTICIPATE IN A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT CONSISTING OF PRIMARY AND SECONDARY DATA AND KEY INFORMANT INTERVIEWS THE ASSESSMENT IS SHARED WITH THE PUBLIC THROUGH A REPORT CARD, AT AN ANNUAL COMMUNITY SUMMIT AND ON A COMMUNITY WEBSITE THE COMMUNITY HEALTH NEEDS ASSESSMENT IS USED BY THE COMMUNITY TO ASSESS HEALTH NEEDS AND IDENTIFY PARTNERSHIP OPPORTUNITIES FOR INTERVENTION

Identifier	ReturnReference	Explanation
		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 HOSPITALS, AND THERE IS INFORMATION ON FINANCIAL ASSISTANCE POSTED AT REGISTRATION POINTS THROUGHOUT THE CLINICS AND HOSPITALS INFORMATION ON THE ALEGENT HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY IS LOCATED AT SEVERAL PLACES ON WWW ALEGENT COM 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, PATIENTSARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH THE ALEGENT HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 THE ALEGENT HEALTH SYSTEM, WHICH INCLUDES IMMANUEL MEDICAL CENTER, SERVES THE EIGHT-COUNTY GREATER OMAHA METROPOLITAN STATISTICAL AREA (MSA), WITH AN ESTIMATED POPULATION OF 865,350, RANKING 60TH OUT OF 366 MSAS IN TOTAL POPULATION THE MSA CONSISTS OF 3 IOWA AND 5 NEBRASKA COUNTIES ON BOTH SIDES OF THE MISSOURI RIVER MORE THAN 1 2 MILLION PEOPLE LIVE WITHIN A 60-MILE RADIUS OF OMAHA CHARACTERIZED BY STEADY GROWTH, THE MSA GREW BY 12 8 PERCENT BETWEEN 2000 AND 2010, THE 2015 PROJECTED POPULATION IS MORE THAN 900,000, A 5 5 PERCENT INCREASE MORE THAN 36 PERCENT OF THE POPULATION IS 24 YEARS OF AGE OR YOUNGER WITH A MEDIAN AGE OF 34 9 YEARS COMPARED TO A U S MEDIAN AGE OF 37 1 50 5% OF THE POPULATION IS FEMALE RACIAL MINORITIES COMPRISE ABOUT 18 PERCENT OF GREATER OMAHA'S POPULATION, INCLUDING AN AFRICAN-AMERICAN POPULACE OF 7 9 PERCENT AND APPROXIMATELY 9 0 PERCENT HISPANIC IN 2010 GREATER OMAHA HAD OVER 360,000 HOUSING UNITS THE MEDIAN HOUSEHOLD INCOME WAS $56,271 WHICH SURPASSES THE NATIONAL AVERAGE OF $51,517, WITH A PER CAPITA INCOME OF $27,876 GREATER OMAHA IS A WELL-EDUCATED COMMUNITY MORE THAN 91 PERCENT OF ADULTS, AGE 25 AND OLDER, ARE HIGH SCHOOL GRADUATES AND 32 7 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER

Identifier	ReturnReference	Explanation
		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 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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
	PART VI, LINE 7	THE ALEGENT HEALTH SYSTEM FILES REPORTS WITH THE NEBRASKA HOSPITAL ASSOCIATION (NEBRASKA) AND IOWA HOSPITAL ASSOCIATION (IOWA)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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. Part II can be duplicated if additional space is needed. . . . ▶ ☑

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

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

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
(1) CHARITY CARE	7728		21,426,618	BOOK	REDUCE OR WRITE OFF OF PATIENT SERVICES
(2) HOSPITALITY HOUSE SUBSIDIES	37	12,000			

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 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	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 HOSPITALITY HOUSE SUBSIDIES ARE ESTABLISHED FOR THE DISBURSEMENT OF ALEGENT HEALTH IMMANUEL AUXILIARY MONIES FOR PATIENT ASSISTANCE THAT IS COMPLIANT WITH ALEGENT HEALTH POLICIES AND PROCEDURES, INTERNAL REVENUE SERVICES (IRS) REGULATIONS AND OTHER APPLICABLE FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If 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 ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	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 duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
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(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 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, LINES 4A-B	THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS EXECUTIVES OF ALEGENT HEALTH (A RELATED ORGANIZATION) DURING THE 2010 CALENDAR YEAR AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON SCHEDULE J MARTIN HICKEY, MD - $122,460 THEODORE SCHWAB - $232,210 WAYNE SENSOR - $2,253,869 FRED HOSLER, MD - $794,319 MARGARET BREEN - $274,090 AMY PROTEXTER - $249,317 MICHAEL ANDERSON - $160,387 MARK KESTNER, MD - $541,623 PATRICIA NADLE - $127,504 SCHEDULE J, LINE 4B - THE FOLLOWING REPORTABLE INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT HEALTH (A RELATED ORGANIZATION) DURING THE 2010 CALENDAR YEAR AMOUNTS DEFERRED FROM THE PLAN WERE INCLUDED IN COLUMN C OF THE SCHEDULE J RICHARD HACHTEN II - $116,268 SCOTT WOOTEN - $48,613 JANE CARMODY - $3,877 NANCY WALLACE - $13,759 RICK MILLER, MD - $9,841 LARRY BROWN, MD - $12,411 KENNETH LAWONN - $39,892 JOAN NEUHAUS - $41,947 SHEREE KEELY - $10,915 ELIZABETH LLEWELLYN - $12,916 PATRICIA MASEK - $10,956 FRANK EMSICK - $11,534 PAUL EBMEIER - $20,451 ANN SCHUMACHER - $19,981 MARTIN HICKEY, MD - $50,630
	PART I, LINE 5	PHYSICIANS EMPLOYED BY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON INDIVIDUAL QUALITY MANAGEMENT, WHICH INCLUDES CORE MEASURES, REVENUE, 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 MEASURES 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 NON-PROFIT AND GENERAL INDUSTRY DATA FOR EXECUTIVE ROLES WHERE THE RECRUITING MARKET IS ARGUABLY BROADER THEN THE NON-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

Additional Data

Return to Form

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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)	403,550	0	27,127	14,700	18,657	464,034	0
RICHARD HACHTEN II	(I)	154,819	59,734	29,837	61,693	3,501	309,584	0
	(II)	510,015	196,782	98,292	203,236	11,533	1,019,858	0
MARTIN HICKEY MD	(I)	82,142	32,526	53,993	42,983	5,250	216,894	28,517
	(II)	270,603	107,151	177,869	141,597	17,296	714,516	93,943
KENNETH LAWONN	(I)	66,193	24,667	12,421	28,065	3,676	135,022	0
	(II)	218,061	81,262	40,917	92,455	12,108	444,803	0
SCOTT WOOTEN	(I)	79,039	29,596	17,294	27,931	4,304	158,164	0
	(II)	260,380	97,499	56,971	92,015	14,179	521,044	0
JOAN NEUHAUS	(I)	74,561	22,653	11,994	75,487	1,135	185,830	0
	(II)	245,623	74,627	39,513	248,677	3,740	612,180	0
JANE CARMODY	(I)	14,425	44,923	843	87,198	458	147,847	0
	(II)	47,521	147,990	2,776	287,255	1,508	487,050	0
RICK MILLER MD	(I)	24,225	0	932	89,226	1,440	115,823	0
	(II)	79,805	0	3,072	293,935	4,743	381,555	0
LARRY BROWN MD	(I)	0	0	0	0	0	0	0
	(II)	342,647	8,758	29,446	27,733	25,249	433,833	0
PAUL EBMEIER	(I)	58,525	13,004	6,913	7,708	5,055	91,205	0
	(II)	192,798	42,839	22,773	25,394	16,654	300,458	0
SHEREE KEELY	(I)	28,514	6,891	6,361	6,805	2,622	51,193	0
	(II)	93,933	22,701	20,955	22,417	8,637	168,643	0
ELIZABETH	(I)	33,722	8,601	8,326	8,437	1,801	60,887	0
LLEWELLYN	(II)	111,093	28,334	27,430	27,793	5,934	200,584	0
PATRICIA MASEK	(I)	31,025	7,263	4,856	12,104	3,355	58,603	0
	(II)	102,208	23,928	15,997	39,873	11,051	193,057	0
FRANK EMSICK	(I)	35,158	8,550	5,088	6,679	4,722	60,197	0
	(II)	115,826	28,167	16,761	22,003	15,557	198,314	0
ANN SCHUMACHER	(I)	56,599	10,601	8,465	12,634	5,652	93,951	0
	(II)	186,453	34,921	27,886	41,619	18,620	309,499	0
NANCY WALLACE	(I)	39,765	6,539	6,395	80,660	3,064	136,423	0
	(II)	130,996	21,540	21,067	265,718	10,095	449,416	0
ARUN SHARMA MD	(I)	421,384	0	32,667	7,350	23,757	485,158	0
	(II)	0	0	0	0	0	0	0
MICHAEL EGGER MD	(I)	284,536	0	26,057	17,150	24,232	351,975	0
	(II)	0	0	0	0	0	0	0
THOMAS FRANCO MD	(I)	264,681	152,485	17,524	17,158	22,004	473,852	0
	(II)	0	0	0	0	0	0	0
MICHAEL COY MD	(I)	293,738	0	31,285	17,150	10,514	352,687	0
	(II)	0	0	0	0	0	0	0
HUDSON HSIEH MD	(I)	289,844	0	18,691	14,700	22,148	345,383	0
	(II)	0	0	0	0	0	0	0
WAYNE SENSOR	(I)	394	0	525,526	0	3,303	529,223	524,852
	(II)	1,298	0	1,731,241	0	10,880	1,743,419	1,729,017
THEODORE SCHWAB	(I)	0	0	54,074	293	454	54,821	54,074
	(II)	0	0	178,136	965	1,494	180,595	178,136
FRED HOSLER MD	(I)	591	0	187,196	0	1,705	189,492	184,971
	(II)	1,947	0	616,678	0	5,618	624,243	609,349
MARK KESTNER MD	(I)	1,181	0	127,777	188	1,551	130,697	126,126
	(II)	3,895	0	420,936	617	5,108	430,556	415,497
MARGARET BREEN	(I)	0	0	63,826	158	1,110	65,094	63,827
	(II)	0	0	210,264	521	3,656	214,441	210,264
AMY PROTEXTER	(I)	0	0	58,058	462	1,818	60,338	58,058
	(II)	0	0	191,259	1,524	5,989	198,772	191,259
PATRICIA NADLE	(I)	13,961	11,635	32,058	0	1,273	58,927	29,691
	(II)	45,993	38,329	105,610	0	4,192	194,124	97,813
MICHAEL ANDERSON	(I)	0	0	37,349	0	0	37,349	37,349
	(II)	0	0	123,038	0	0	123,038	123,038

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)		See Add'l Data		
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

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

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (HUSKER HELICOPTER)	X	1	1,250	SELLING PRICE
Other ► (NEBRASKA HUSKERS SKYBOX TICKETS)	X	1	1,000	SELLING PRICE
Other ► (DISMAL RIVER GOLF CLUB PACKAGE)	X	1	1,600	SELLING PRICE
Other ► (VALET PARKING FOR ONE YEAR)	X	1	300	SELLING PRICE
Other ► (CHAMPIONS RUN GOLF/TOMMIE FRAZIER)	X	1	650	SELLING PRICE
Other ► (CHAMPIONS RUN GOLF WITH MATT DAVISON AND DR PAUL)	X	1	400	SELLING PRICE
Other ► (THE PERSONICS)	X	1	3,000	SELLING PRICE
Other ► (LAKE OF THE OZARKS, OSAGE BEACH VACATION)	X	1	2,500	SELLING PRICE
Other ► (JOSH GROBAN CONCERT)	X	1	400	SELLING PRICE
Other ► (GOODRICH DIAMONDS)	X	1	1,500	SELLING PRICE
Other ► (TICKETS FOR TWO TO THE KEITH URBAN CONCERT)	X	1	345	SELLING PRICE
Other ► (HOTEL, DINNER AT SPENCER'S WITH A WINE AND CHOC)	X	1	350	SELLING PRICE
Other ► (DINNER PARTY FOR EIGHT)	X	1	1,500	SELLING PRICE
Other ► (ROCKY MOUNTAIN GETAWAY YMCA OF THE ROCKIES)	X	1	500	SELLING PRICE
Other ► (LINDY FREED JEWELRY)	X	1	700	SELLING PRICE
Other ► (WINE TASTING AND CHEESE FOR SIX)	X	1	800	SELLING PRICE
Other ► (GOLF/FRAZIER/WOOTEN)	X	1	100	SELLING PRICE
Other ► (GOLF/FRAZIER/WOOTEN)	X	1	100	SELLING PRICE
Other ► (VALET PARKING FOR ONE YEAR)	X	1	300	SELLING PRICE
Other ► (THE LEGEND OF PASTOR FOGELSTROM'S WATCH)	X	1	250	SELLING PRICE
Other ► (U2 CONCERT AND AIRFARE)	X	1	1,060	SELLING PRICE
Other ► (LAWN MOWING SERVICES)	X	1	50	SELLING PRICE
Other ► (FUSED GLASS, DRAPED BOWL)	X	1	70	SELLING PRICE
Other ► (FRAMED PICTURE OF WEST HIGHLAND TERRIOR)	X	1	145	SELLING PRICE
Other ► (LANDSCAPE DESIGN CONSULTATION)	X	1	150	SELLING PRICE
Other ► (BEE A HONEY GIFT BASKET)	X	1	50	SELLING PRICE
Other ► (HIGHLANDER PICNIC BASKET)	X	1	170	SELLING PRICE
Other ► (STRING OF PURLS YARN AND KNITTING GIFT CERTIFICATE)	X	1	40	SELLING PRICE
Other ► (FRAMED PHOTOGRAPH OF ALASKA MOUNTAINS)	X	1	80	SELLING PRICE
Other ► (HANDCRAFTED ILLUMINATED GERMAN NATIVITY)	X	1	220	SELLING PRICE

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (SIMON PEARCE GLASS THETFORD BOWL)	X	1	95	SELLING PRICE
Other ► (DEE-SIGN AND NORTHWEST FLORAL GIFT CERTIFICATE)	X	1	50	SELLING PRICE
Other ► (FLORAL ARRANGEMENT FROM NORTHWEST FLORIST AND GIFT)	X	1	130	SELLING PRICE
Other ► ("BON APPETIT" GLASS CLOCHE WITH MARBLE BASE)	X	1	180	SELLING PRICE
Other ► (2 PLAQUES OF A 3D GERBER DAISY)	X	1	80	SELLING PRICE
Other ► (MULHALL'S GIFT CERTIFICATE)	X	1	200	SELLING PRICE
Other ► (HAND-CRAFTED CUSTOMIZABLE METAL SIGN)	X	1	50	SELLING PRICE
Other ► (GARDENING BUCKET WITH METAL FLOWER)	X	1	80	SELLING PRICE
Other ► (LEWIS ART GALLERY GIFT CERTIFICATE)	X	1	200	SELLING PRICE
Other ► (ALL SEASONS FLORAL)	X	1	20	SELLING PRICE
Other ► (THE MAIDS OF NORTHWEST OMAHA)	X	1	204	SELLING PRICE
Other ► (MULHALL'S GARDEN BASKET AND GIFT CERTFICATE)	X	1	650	SELLING PRICE
Other ► (BEATRIZ BALL METALWARE BOWL WITH SALAD SERVERS)	X	1	180	SELLING PRICE
Other ► (TUDY'S GARDEN SERVICE AND CONSULTATION)	X	1	100	SELLING PRICE
Other ► (TOMMYGLASS ART BY DR TOM RUMA #1)	X	1	300	SELLING PRICE
Other ► (WENNINGHOFF FARMS SPRING BASKET AND GIFT CERTIFI)	X	1	90	SELLING PRICE
Other ► (TREE)	X	1	750	SELLING PRICE
Other ► (GARDEN ART)	X	1	150	SELLING PRICE
Other ► (RUSSELL SPEEDER'S CAR WASH)	X	1	145	SELLING PRICE
Other ► (PAMPERED CHEF COLLECTION)	X	1	96	SELLING PRICE
Other ► (PEGGY KARR HEALING PLATE)	X	1	80	SELLING PRICE
Other ► (M & M GREEN GUY)	X	1	125	SELLING PRICE
Other ► (M & M BLUE GUY)	X	1	125	SELLING PRICE
Other ► (FRAMED PHOTOGRAPH)	X	1	250	SELLING PRICE
Other ► (SALSA AND CHIPS BASKET)	X	1	75	SELLING PRICE
Other ► (UNION PACIFIC RAILROAD TOOLS)	X	1	30	SELLING PRICE
Other ► (TOMMYGLASS ART BY DR TOM RUMA #2)	X	1	300	SELLING PRICE
Other ► (PEAR COLLECTION)	X	1	72	SELLING PRICE
Other ► (HANDMADE QUILT)	X	1	50	SELLING PRICE
Other ► (HOWARD BUFFET BOOKS)	X	1	515	SELLING PRICE

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (WINE PICNIC PACKAGE)	X	1	95	SELLING PRICE
Other ► (M'S PUB GIFT CERTIFICATE)	X	1	50	SELLING PRICE
Other ► (LIED LODGE AND CONFERENC CENTER AT ARBOR DAY FARM)	X	1	175	SELLING PRICE
Other ► (SGT PEFFER'S GIFT CERTIFICATE)	X	1	25	SELLING PRICE
Other ► (RUNNER'S GRANOLA GIFT BASKET)	X	1	50	SELLING PRICE
Other ► (DINNER AT DARIO'S BRASSERIE / DUNDEE THEATER)	X	1	60	SELLING PRICE
Other ► (FINICKY FRANK'S GIFT CERTIFICATE)	X	1	25	SELLING PRICE
Other ► (WINE AND DINE FOR FOUR AT TUSSEY'S)	X	1	140	SELLING PRICE
Other ► (TOO FAR NORTH WINE AND WINE TASTING FOR ONE)	X	1	35	SELLING PRICE
Other ► (WINESTYLES - WINE TASTING FOR TWELVE)	X	1	200	SELLING PRICE
Other ► (7 M GRILL GIFT CERTIFICATE)	X	1	50	SELLING PRICE
Other ► (EDIBLE ARRANGEMENTS GIFT CERTIFICATE)	X	1	45	SELLING PRICE
Other ► (OMAHA COMMUNITY PLAYHOUSE AND JOHNNY'S ITALIAN)	X	1	180	SELLING PRICE
Other ► (NOTHING BUNDT CAKES GIFT CERTIFICATE)	X	1	40	SELLING PRICE
Other ► (SEASONAL DELIGHTS BASKET FOR SPRING AND FALL)	X	1	75	SELLING PRICE
Other ► (HEALING GROUNDS GIFT BASKET)	X	1	30	SELLING PRICE
Other ► (BOTTLE OF PAUL HOBBS CABERNET SAUVIGNON)	X	1	300	SELLING PRICE
Other ► (PASHMINA SCARF)	X	1	72	SELLING PRICE
Other ► (VERA BRADLEY GRAY TOTE AND MATCHING WALLET)	X	1	145	SELLING PRICE
Other ► (PRINCESS HAT AND MITTEN KIT)	X	1	70	SELLING PRICE
Other ► (YOGA BASKET)	X	1	250	SELLING PRICE
Other ► (NECKLACE, BRACELET AND EARRINGS BY VIVA BEADS)	X	1	54	SELLING PRICE
Other ► (GOLF VEST)	X	1	135	SELLING PRICE
Other ► (VERA BRADLEY SIDE BY SIDE PURSE AND CARD KEEPER)	X	1	81	SELLING PRICE
Other ► (NITESWEATZ PAJAMAS)	X	1	120	SELLING PRICE
Other ► (AMAZON KINDLE WITH GIFT CARD)	X	1	165	SELLING PRICE
Other ► (SONY INTERNET TV BLUE RAY DISC PLAYER)	X	1	400	SELLING PRICE
Other ► (SCHLITTERBAHN KC WATERPARK IN KANSAS CITY)	X	1	190	SELLING PRICE
Other ► (PAMPER YOUR PET - DOG GROOMING BY PUCCI'S)	X	1	43	SELLING PRICE
Other ► (BALLET BIRTHDAY PARTY AND TUTU WITH HEADBAND)	X	1	100	SELLING PRICE

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (PRIVATE SANTA PARTY)	X	1	75	SELLING PRICE
Other ► (HAND KNIT BABY SWEATER AND HAT)	X	1	90	SELLING PRICE
Other ► (REMOTE CONTROL HELICOPTER - TIGER)	X	1	55	SELLING PRICE
Other ► (REMOTE CONTROL HELICOPTER - TACTICAL)	X	1	55	SELLING PRICE
Other ► (POOL MEMBERSHIP TO MAPLE VILLAGE COUNTRY CLUB)	X	1	475	SELLING PRICE
Other ► (LINDSAY ERNST PHOTOGRAPHY SESSION AND 1 - 11X14)	X	1	175	SELLING PRICE
Other ► (THOMAS THE TRAIN PEDAL ENGINE)	X	1	390	SELLING PRICE
Other ► (EXTRA LARGE ELMO)	X	1	150	SELLING PRICE
Other ► (OLD FASHIONED GAME ASSORTMENT)	X	1	90	SELLING PRICE
Other ► (LORALEE AMANDAS PHOTOGRAPHY SESSION)	X	1	175	SELLING PRICE
Other ► (PUMP IT UP BOUNCE PARTY)	X	1	264	SELLING PRICE
Other ► (GIRLS' NIGHT OUT IN BENSON)	X	1	105	SELLING PRICE
Other ► (GIRL-THEMED BASKET)	X	1	50	SELLING PRICE
Other ► (DOG TREATS BASKET)	X	1	15	SELLING PRICE
Other ► (I-PAD)	X	1	500	SELLING PRICE
Other ► (MOTORCYCLE RIDE THROUGH THE LOESS HILLS)	X	1	200	SELLING PRICE
Other ► (DINNER FOR TWO AT ANTHONY'S AND A SCENIC AIRPLANE)	X	1	250	SELLING PRICE
Other ► (HENRY DOORLY ZOO GUIDED TOUR)	X	1	50	SELLING PRICE
Other ► (PACIFIC SPRINGS GOLF OUTING FOR FOUR WITH CART)	X	1	180	SELLING PRICE
Other ► (PORSCHE GT-2 CLUB COUPE RACING)	X	1	150	SELLING PRICE
Other ► (CWS TICKETS AND ROSENBLATT BOOK)	X	1	95	SELLING PRICE
Other ► (UNO MAV HOCKEY TICKETS)	X	1	136	SELLING PRICE
Other ► (KIM'S LOTTI BISCOTTI)	X	1	75	SELLING PRICE
Other ► (GOLF PACKAGE FOR 4 AT PACIFIC SPRINGS WITH COOLER)	X	1	200	SELLING PRICE
Other ► (DEER CREEK GOLF OUTING FOR FOUR WITH CART)	X	1	320	SELLING PRICE
Other ► (KANSAS CITY ROYALS BASEBALL TICKETS)	X	1	64	SELLING PRICE
Other ► (DISCOVERY FLIGHT AND SASM)	X	1	64	SELLING PRICE
Other ► (SIGNED FOOTBALL)	X	1	175	SELLING PRICE
Other ► (CABELA'S GIFT CERTIFICATE)	X	1	100	SELLING PRICE
Other ► (GOLF OUTING FOR FOUR AT SHADOW RIDGE COUNTRY CLUB)	X	1	500	SELLING PRICE

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (FOUR TICKETS FOR A NEBRASKA CORNHUSKER FOOTBALL)	X	1	1,000	SELLING PRICE
Other ► (DENVER BRONCO'S TICKETS)	X	1	150	SELLING PRICE
Other ► (MEMBERSHIP TO IMMANUEL/LAKESIDE WELLNESS CENTER)	X	1	420	SELLING PRICE
Other ► (MATRIX HAIR CARE PRODUCTS BASKET)	X	1	65	SELLING PRICE
Other ► (SALON AURA- COLOR, CUT & STYLE GIFT CERTIFICATE)	X	1	90	SELLING PRICE
Other ► (SALON AURA- PEDICURE/MANICURE GIFT CERTIFICATE)	X	1	58	SELLING PRICE
Other ► (SALON AURA GIFT CERTIFICATE - FACIAL & BROW WAX)	X	1	55	SELLING PRICE
Other ► (DESSERT OF THE MONTH FOR ONE YEAR)	X	1	120	SELLING PRICE
Other ► (T'EEZ SALON)	X	1	120	SELLING PRICE
Other ► (CLAUDE'S BEAUTORIUM - SALON SERVICES & GIFT BASKET)	X	1	150	SELLING PRICE
Other ► (MARY KAY BASKET)	X	1	288	SELLING PRICE
Other ► (MAKIN WAVES HAIR AND TANNING SALON)	X	1	90	SELLING PRICE
Other ► (CRABTREE & EVELYN)	X	1	94	SELLING PRICE
Other ► (WEIGHT MANAGEMENT BASKET)	X	1	150	SELLING PRICE
Other ► (DIAMOND)	X	1	6,000	SELLING PRICE
Other ► (APPLE IPOD TOUCH)	X	1	300	SELLING PRICE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		PAUL EDGETT III AND ANTOINETTE HARDY-WALLER - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF THE CORPORATION SHALL BE IMMANUEL HEALTH SYSTEMS (IHS) IMMANUEL HEALTH SYSTEMS SHALL NOT HAVE ANY VOTING RIGHTS AS A MEMBER OF THE CORPORATION

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE FOLLOWING ACTIONS SHALL BE EFFECTIVE ONLY IF APPPROVED 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 CAPITAL 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 BY THE BOARD OF DIRECTORS 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 ANY QUESTIONS THE COMMITTEE MAY HAVE ADDITIONALLY, THE BOARD OF DIRECTORS ARE REFERRED TO THE ALEGENT HEALTH TAX DIRECTOR IF THEY HAVE QUESTIONS AND THE BOARD IS NOTIFIED THAT THE FINAL FORM 990, WILL BE FILED ON MAY 15, 2012

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 EMPLOYEES PRESIDENT AND CHIEF EXECUTIVE OFFICER SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER CHIEF EXECUTIVE OFFICER ALEGENT HEALTH CLINIC SENIOR VICE PRESIDENT ALEGENT HEALTH SYSTEM CHIEF OPERATIONS OFFICER SENIOR VICE PRESIDENT STRATEGY AND TECHNOLOGY (F/K/A CIO) VICE PRESIDENT OPERATIONS (BERGAN MERCY & MERCY) VICE PRESIDENT OPERATIONS (IMMANUEL) VICE PRESIDENT OPERATIONS (LAKESIDE) VICE PRESIDENT OPERATIONS (MIDLANDS) MEDICAL DIRECTORS

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
	PART VII, SECTION A	EXECUTIVES OF THE ALEGENT HEALTH SYSTEM HOURS WORKED ARE SPLIT OUT BETWEEN THE FILING ORGANIZATION AND AFFILIATE ORGANIZATIONS OF THE SYSTEM THE FOLLOWING EMPLOYEES ARE EXECUTIVES OF THE ALEGENT HEALTH SYSTEM RICHARD HACHTEN II, SCOTT WOOTEN, KENNETH LAWONN, JOAN NEUHAUS, RICHARD ROLSTON, MD, RICK MILLER, MD, JANE CARMODY, SHEREE KEELY, ELIZABETH LLEWELLYN, PATRICIA MASEK, FRANK EMSICK, MARTIN HICKEY, MD, PAUL EBMEIER AND NANCY WALLACE THEREFORE, THEIR AVERAGE NUMBER OF HOURS WORKED PER WEEK FOR THE AFFILIATE ORGANIZATIONS ARE 46 LARRY BROWN, MD IS ALSO AN EXECUTIVE OF THE ALEGENT HEALTH SYSTEM, HOWEVER HIS HOURS ARE SPLIT BETWEEN TWO AFFILIATED ORGANIZATIONS AVERAGE HOURS PER WEEK FOR AFFILIATE ORGANIZATIONS IS 60 ANTHONY HATCHER, MD IS AN EMPLOYED PHYSICIAN OF THE ALEGENT HEALTH SYSTEM AND HIS HOURS ARE SPLIT BETWEEN THE FILING ORGANIZATION AND AFFILIATE ORGANIZATIONS OF THE SYSTEM AVERAGE HOURS PER WEEK FOR AFFILIATE ORGANIZATIONS ARE 54 A BOARD OF DIRECTOR LISTED IN PART VII IS COMPENSATED FOR HIS SERVICES PROVIDED TO A SUPPORTING ORGANIZATION OF THE FILING ORGANIZATION REASONABLE EFFORTS TO OBTAIN THE BOARD OF DIRECTOR'S COMPENSATION FROM THE SUPPORTING ORGANIZATION WAS CONDUCTED PRIOR TO THE FILING OF THIS TAX RETURN HOWEVER, WE WERE UNABLE TO OBTAIN THE INFORMATION FROM THE SUPPORTING ORGANIZATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 28,162,311 JOA CAPITAL EXPENDITURES -17,406,000 TRANSFERS TO OTHER ALEGENT AFFILIATES -39,359,000 CHANGE IN UNRESTRICTED ASSETS OF ALEGENT 45,395,000 OTHER MISCELLANEOUS CHANGES 218,616 CHANGE IN TEMP RESTRICTED ASSETS OF ALEGENT 454,000 TRANSFERS FROM OTHER AFFILIATED ENTITIES 181,830 CHANGE IN PERM RESTRICTED ASSETS OF ALEGENT 1,000 TOTAL TO FORM 990, PART XI, LINE 5 17,647,757

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 1C	PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF THE ALEGENT HEALTH SYSTEM ARE MADE BY ALEGENT HEALTH, THEREFORE NO FORM 1099S ARE ISSUED BY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ALEGENT HEALTH FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS THE 1099S ISSUED BY ALEGENT HEALTH ON BEHALF OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ARE REPORTED TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 16	ALEGENT HEALTH HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, ALEGENT HEALTH'S SYSTEM-WIDE JOINT VENTURE MODEL INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSE 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.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ALEGENT HEALTH-CREIGHTON ST JOSEPH MGD CARE SVCS INC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0802396	MANAGED CARE SERVICES	NE	N/A	C			

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**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**	**Yes**
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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ALEGENT HEALTH 12809 WEST DODGE ROAD OMAHA, NE68154 47-0757164	LICENSED HOSPITAL/ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L3	N/A		No
ALEGENT HEALTH CLINIC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	ALEGENT HEALTH		No
ALEGENT HEALTH FOUNDATION 12809 WEST DODGE ROAD OMAHA, NE68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501(C)(3)	L7	ALEGENT HEALTH		No
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, NE68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH		No
ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA 603 ROSARY DRIVE CORNING, IA50841 42-0782518	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM		No
MERCY HEALTH CARE FOUNDATION 603 ROSARY DRIVE CORNING, IA50841 42-1461064	SUPPORT OF ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA		No
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA 631 N 8TH STREET MISSOURI VALLEY, IA51555 42-0776568	LICENSED HOSPITAL	IA	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Yes	
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION 631 N 8TH STREET MISSOURI VALLEY, IA51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA	IA	501(C)(3)	L11 I	ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MO VALLEY IOWA		No
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER 104 W 17TH STREET SCHUYLER, NE68661 47-0399853	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Yes	
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH STREET SCHUYLER, NE68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER EXEMPT PURPOSE	NE	501(C)(3)	L11 I	ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER		No
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM EXEMPT ACTIVITIES	IA	501(C)(3)	L11 I	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM		No
IMMANUEL HEALTH SYSTEMS 6757 NEWPORT AVE STE 200 OMAHA, NE68152 47-0733774	SUPPORT OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	NE	501(C)(3)	L11 III	N/A		No

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?		(k) Percentage ownership
							Yes	No		Yes	No	
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE68137 39-2045003	STAFFING OF NURSES	NE	N/A	N/A				No			No	0 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	N/A	N/A				No			No	0 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	ENDOSCOPY SERVICES	NE	N/A	N/A				No			No	0 %
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	N/A	N/A				No			No	0 %
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	N/A	N/A				No			No	0 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	N/A	RELATED	2,044,924	3,033,356		No	4,804	Yes		68 870 %
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	N/A	N/A				No			No	0 %
NEBRASKA SPINE LLC 6901 NORTH 72ND STREET STE 20300 OMAHA, NE68122 27-0263191	SPINE HOSPITAL	NE	N/A	N/A				No			No	0 %

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

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**	500,000
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**	2,000,000
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

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 2009 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 2011 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**	

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 2010	**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 2010 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 2010 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see 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**	

Part V **Listed Property** (Include automobiles, certain other vehicles, 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 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2010 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 OMAHA, NE 68154
EIN:		47-0757164
Electing Organization Checkbox:		☑
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	89,467	
Total Lobbying Expenditures:	89,467	
Other Exempt Purpose Expenditures:	236,149,570	
Total Exempt Purpose Expenditures:	236,239,037	
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	

KPMG

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Financial Statements

June 30, 2011 and 2010

(With Independent Auditors' Report Thereon)

KPMG LLP
Suite 1501
222 South 15th Street
Omaha, NE 68102-1610

Suite 1600
233 South 13th Street
Lincoln, NE 68508-2041

Independent Auditors' Report

The Board of Directors
Alegent Health—Immanuel Medical Center and Affiliates

We have audited the accompanying consolidated balance sheets of Alegent Health—Immanuel Medical Center and Affiliates (Immanuel) as of June 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of Immanuel's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Immanuel's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Alegent Health—Immanuel Medical Center and Affiliates as of June 30, 2011 and 2010, and the results of their operations and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole The 2011 consolidating information included in Exhibits I, II, and III is presented for purposes of additional analysis of the basic consolidated financial statements rather than to present the financial position, results of operations, and changes in net assets of the individual affiliates The consolidating information has been subjected to the auditing procedures applied in our audits of the basic consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole

KPMG LLP

Omaha, Nebraska
September 8, 2011

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Balance Sheets

June 30, 2011 and 2010

(Amounts in thousands)

Assets	2011	2010
Current assets		
Cash and cash equivalents	$ 65,515	$ 33,187
Patient accounts receivable, net of allowance for uncollectible accounts of $18,279 in 2011 and $18,536 in 2010	23,529	29,099
Intercorporate receivable	—	21,235
Other accounts receivable	1,706	371
Inventories	3,946	4,670
Prepaid expenses	231	231
Total current assets	94,927	88,793
Assets limited as to use		
Long-term investments	321,284	276,460
Other investments	783	894
Total assets limited as to use	322,067	277,354
Property and equipment		
Land	1,911	1,837
Land improvements	8,496	8,390
Buildings and improvements	231,887	198,662
Equipment	90,028	93,939
Construction in progress	2,680	27,446
	335,002	330,274
Less accumulated depreciation	186,759	176,939
Property and equipment, net	148,243	153,335
Other assets		
Property held for investment or future expansion	159	159
Investment in joint ventures	9,479	7,998
Investment in Alegent Health	50,159	12,586
Other assets	40	41
Total other assets	59,837	20,784
Total assets	$ 625,074	$ 540,266

(Continued)

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Balance Sheets

June 30, 2011 and 2010

(Amounts in thousands)

Liabilities and Net Assets	2011	2010
Current liabilities		
Current portion of long-term debt	$ 4,357	$ 3,921
Accounts payable	2,197	2,631
Accrued salaries, wages, and benefits	580	235
Intercorporate payable	2,585	—
Estimated third-party payor settlements	5,418	2,634
Other liabilities and accrued expenses	3,480	4,378
Total current liabilities	18,617	13,799
Long-term debt, net of current portion	130,275	109,057
Other long-term liabilities	1,202	1,925
Total liabilities	150,094	124,781
Net assets		
Unrestricted	470,148	411,248
Temporarily restricted	2,785	2,445
Permanently restricted	2,047	1,792
Total net assets	474,980	415,485
Total liabilities and net assets	$ 625,074	$ 540,266

See accompanying notes to consolidated financial statements

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Statements of Operations

Years ended June 30, 2011 and 2010

(Amounts in thousands)

	2011	2010
Unrestricted revenues, gains, and other support		
Net patient service revenue	$ 222,797	$ 251,479
Cafeteria, building rental, sales to nonpatients, and other	13,593	11,754
Total revenues, gains, and other support	236,390	263,233
Operating expenses		
Salaries and wages	95,469	100,408
Employee benefits	26,671	32,358
Supplies	31,863	43,502
Purchased services	27,011	28,855
Professional services	17,397	19,263
Provision for bad debts	11,589	14,991
Other expenses	7,729	7,257
Gain on sale of spine operations	(18,692)	—
Depreciation and amortization	20,830	18,485
Rentals and leases	4,761	4,400
Interest	5,505	3,452
Equity in operating loss of Alegent Health	9,097	9,694
Total operating expenses	239,230	282,665
Operating loss	(2,840)	(19,432)
Other income (loss)		
Interest and investment income	120	405
Equity in income of investment limited partnership	52,038	26,441
Other, net	—	(18)
Equity in other income of Alegent Health	820	390
Total other income, net	52,978	27,218
Excess of revenues over expenses, before joint operating agreement adjustment	50,138	7,786
Joint operating agreement adjustment	19,785	16,837
Excess of revenues over expenses	69,923	24,623
Other changes in unrestricted net assets		
Contributions for the purchase of property and equipment	128	21
Joint operating agreement adjustment – capital expenditures	(17,406)	3,868
Transfers (to) from other Alegent affiliates	(39,359)	83
Equity in other changes in unrestricted net assets of Alegent Health	45,395	(6,373)
Other	219	830
Increase in unrestricted net assets	$ 58,900	$ 23,052

See accompanying notes to consolidated financial statements

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2011 and 2010

(Amounts in thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Balance, June 30, 2009	$ 388,196	$ 1,982	$ 1,792	$ 391,970
Excess of revenues over expenses	24,623	—	—	24,623
Contributions for the purchase of property and equipment	21	—	—	21
Net assets released from restrictions for use in operations	—	(48)	—	(48)
Contributions restricted by donor	—	60	—	60
Joint operating agreement adjustment – capital expenditures	3,868	—	—	3,868
Transfers from other Alegent affiliates	83	—	—	83
Equity in other changes in net assets of Alegent Health	(6,373)	457	—	(5,916)
Change in unrealized gains and losses on investments	—	(6)	—	(6)
Other	830	—	—	830
Increase in net assets	23,052	463	—	23,515
Balance, June 30, 2010	411,248	2,445	1,792	415,485
Excess of revenues over expenses	69,923	—	—	69,923
Contributions for the purchase of property and equipment	128	—	—	128
Net assets released from restrictions for use in operations	—	(93)	—	(93)
Contributions restricted by donor	—	30	254	284
Joint operating agreement adjustment – capital expenditures	(17,406)	—	—	(17,406)
Transfers to other Alegent affiliates	(39,359)	—	—	(39,359)
Equity in other changes in net assets of Alegent Health	45,395	454	1	45,850
Change in unrealized gains and losses on investments	—	21	—	21
Other	219	(72)	—	147
Increase in net assets	58,900	340	255	59,495
Balance, June 30, 2011	$ 470,148	$ 2,785	$ 2,047	$ 474,980

See accompanying notes to consolidated financial statements

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Statements of Cash Flows

Years ended June 30, 2011 and 2010

(Amounts in thousands)

	2011	2010
Cash flows from operating activities		
Increase in net assets	$ 59,495	$ 23,515
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	20,830	18,485
Provision for bad debts	11,589	14,991
Gain on sale of spine operations	(18,692)	—
Equity in income of investment limited partnership	(52,038)	(26,441)
Equity in income of joint ventures	(3,215)	(2,971)
Contributions for the purchase of property and equipment	(128)	(21)
Joint operating agreement adjustment – capital expenditures	17,406	(3,868)
Transfers to (from) other Alegent affiliates	39,359	(83)
Contributions restricted by donor	(284)	(60)
Equity in other changes in net assets of Alegent Health	(45,850)	5,916
Change in unrealized gains and losses on investments	(21)	6
Other changes in unrestricted net assets	(147)	(830)
Decrease (increase) in current assets		
Receivables		
Patients	(6,019)	(15,523)
Affiliates	21,235	29,155
Other	(1,335)	(32)
Inventories	724	(359)
Prepaid expenses	—	(111)
Increase (decrease) in current liabilities		
Accounts payable	(2,621)	260
Accrued salaries, wages, and benefits	345	(39)
Intercorporate payable	2,585	—
Estimated third-party payor settlements	2,784	1,711
Other liabilities and accrued expenses	(898)	163
Net cash provided by operating activities	45,104	43,864
Cash flows from investing activities		
Sales of assets limited as to use	28,051	—
Purchases of assets limited as to use	(20,705)	(50,479)
Additions to property and equipment	(16,802)	(49,957)
Contributions for the purchase of property and equipment	128	21
Proceeds from sale of spine operations	21,943	—
Equity in other changes in net assets of Alegent Health	45,850	(5,916)
Decrease (increase) in investment in Alegent Health	(37,573)	15,220
Distributions from joint ventures	1,734	2,106
Increase in other long-term assets and liabilities	(722)	(576)
Net cash provided by (used in) investing activities	21,904	(89,581)
Cash flows from financing activities		
Principal payments on long-term debt	(3,933)	(3,131)
Proceeds from issuance of long-term debt	25,587	58,153
Payments on Alegent line of credit	—	(25,000)
Transfers (to) from other Alegent affiliates	(39,359)	83
Joint operating agreement adjustments – capital expenditures	(17,406)	3,868
Restricted contributions and interest	284	60
Other changes in unrestricted net assets	147	830
Net cash provided by (used in) financing activities	(34,680)	34,863
Net increase (decrease) in cash and cash equivalents	32,328	(10,854)
Cash and cash equivalents, beginning of year	33,187	44,041
Cash and cash equivalents, end of year	$ 65,515	$ 33,187
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (net of amount capitalized)	$ 5,505	$ 3,452

See accompanying notes to consolidated financial statements

(1) Organization

Alegent Health—Immanuel Medical Center and Affiliates (Immanuel) is a not-for-profit organization that operates a health care delivery system in eastern Nebraska and western Iowa The sole corporate member of Immanuel is Immanuel (Immanuel parent corporation)

The consolidated financial statements include the accounts of the following entities or operating divisions for which the sole corporate member is Immanuel

Alegent Health—Immanuel Medical Center
Alegent Health—Community Memorial Hospital and Affiliate of Missouri Valley, Iowa
Alegent Health—Memorial Hospital, Schuyler, Nebraska

Significant intercorporate accounts and transactions have been eliminated in the consolidation

As discussed in note 3, Immanuel has entered into a Joint Operating Agreement with Alegent Health—Bergan Mercy Health System (Bergan), forming the Alegent Health system (Alegent)

(2) Summary of Significant Accounting Policies

The following is a summary of significant accounting policies of Immanuel These policies are in accordance with U S generally accepted accounting principles

(a) Use of Estimates

The preparation of consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(b) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with original maturities of 12 months or less

(c) Investments

Almost all of Immanuel's investment portfolio is invested in the Catholic Health Initiative (CHI) investment limited partnership (note 4) Investments in partnerships are recorded using the equity method of accounting with the related equity in losses reported as other income in the accompanying consolidated financial statements Other investment securities consist of certificates of deposit, annuities, mutual funds, and bonds These securities are set aside by the board of directors for future projects and mission activities

(d) Inventories

Inventories are stated at the lower of cost or market Cost is determined principally using the first-in, first-out method

(Continued)

(e) Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method based on the following useful lives:

Land improvements	10 – 40 years
Buildings and improvements	5 – 40 years
Equipment	3 – 20 years

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During the years ended June 30, 2011 and 2010, Immanuel capitalized approximately $535 and $1,407, respectively, of interest.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support and are excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

(f) Investment in Joint Ventures

Immanuel has invested in certain joint ventures and accounts for such investments using either the cost or the equity method of accounting based on the relative percentage of ownership and the level of influence over the investee.

During 2011, Immanuel sold its spine operations to Nebraska Spine Hospital, LLC, an equity method joint venture of which Alegent owns 51%. The total gain on sale of $18,692 is reflected in operating income in the consolidated statements of operations.

(g) Long-Lived Assets

Long-lived assets, such as property, plant, and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If circumstances require a long-lived asset or asset group to be tested for possible impairment, Immanuel first compares undiscounted cash flows expected to be generated by that asset or asset group to its carrying value. If the carrying value of the long-lived asset or asset group is not recoverable on an undiscounted cash flow basis, an impairment is recognized to the extent that the carrying value exceeds its fair value. Fair value is determined through various valuation techniques including discounted cash flow models, quoted market values, and third-party independent appraisals, as considered necessary.

(Continued)

(h) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use is limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by Immanuel in perpetuity

Temporarily and permanently restricted net assets held by Immanuel are recorded and accounted for in accordance with the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 958-205, *Endowments of Not-For-Profit Organizations Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act and Enhanced Disclosures for All Endowment Funds*

Immanuel holds endowment funds for support of its programs and operations As required by U S generally accepted accounting principles, net assets and the changes therein associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

Immanuel has interpreted UPMIFA as requiring the preservation of the whole dollar value of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, Immanuel classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment Interest, dividends, and net appreciation of the donor-restricted endowment funds are classified according to donor stipulations Absent any donor-imposed restrictions, interest, dividends, and net appreciation are deemed appropriated for expenditure when earned In accordance with UPMIFA, Immanuel considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

(1) the duration and preservation of the endowment fund,

(2) the purposes of Immanuel and the donor-restricted endowment fund,

(3) general economic conditions,

(4) the possible effect of inflation or deflation,

(5) the expected total return from income and the appreciation of investments,

(6) other resources of Immanuel, and

(7) the investment policies of Immanuel

Endowment assets are invested in the CHI investment limited partnership (note 4)

(Continued)

(i) Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated asset. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue.

(j) Net Patient Service Revenue

Immanuel has agreements with third-party payors that provide for payments to Immanuel at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

(k) Charity Care – Benefits for the Poor and Underserved

Immanuel provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Immanuel does not pursue collection of amounts once determined to qualify as charity care, they are not reported as revenue in the consolidated statements of operations. The amount of charges foregone for services and supplies furnished under Immanuel's charity policy aggregated approximately $23,156 and $18,755 in 2011 and 2010, respectively.

(l) Excess of Revenues over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purpose of acquiring such assets), and certain joint operating agreement settlements.

(m) Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

(n) Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents, accounts receivable, estimated third-party payor settlements, and payables approximate fair value due to the short duration of these instruments Fair value for investments is based on quoted market prices, if available, or estimated using quoted market prices for similar securities The carrying amount of the investment in the CHI investment limited partnership is based on the net asset value reported by the limited partnership, which approximates fair value The fair value of long-term debt as of June 30, 2011 and 2010 is approximately $141,896 and $130,315, respectively

Immanuel follows the provisions of ASC Topic 820, *Fair Value Measurements and Disclosures*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date

(o) Asset Retirement Obligations

Immanuel recognizes the fair value of liabilities for legal obligations associated with asset retirements in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made Over time, the obligation is accreted to its present value each period Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations Immanuel's obligations relate to estimates of the costs to abate clinical and administrative facilities containing asbestos and to replace underground storage tanks At June 30, 2011 and 2010, this long-term liability totaled $1,202 and $1,925, respectively

(p) Income Taxes

All affiliated entities have been recognized as not-for-profit corporations by the Internal Revenue Service as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code

Immanuel recognizes the effect of income tax positions only if those positions are more likely than not of being sustained Such tax positions, which are more than 50% likely of being realized, are measured at their highest value Changes in recognition or measurement are reflected in the period in which the change in judgment occurs During 2011 and 2010, management determined that there are no income tax positions requiring recognition in the consolidated financial statements

(q) Reclassifications

Certain balances from 2010 have been reclassified to conform to the current year presentation

(3) Joint Operating Agreement

Immanuel has entered into a Joint Operating Agreement (the Agreement) with Bergan for purposes of creating and operating an integrated health care delivery system

Under the terms of the Agreement, the consolidated operating results and capital expenditures of Immanuel and Bergan are shared on an equal basis Each entity continues to own its respective assets and is responsible for its own liabilities

The Agreement provides for, among other things, joint management of Immanuel, Bergan, and Alegent Health, a separate not-for-profit corporation as described in Section 501(c)(3) of the Code Alegent was established to improve the health status of the community through the development of a network to provide integrated health care services to the Midlands region Alegent operates certain community health care clinics, Midlands Community Hospital located in Papillion, Nebraska, Lakeside Hospital and Alegent Health Foundation in Omaha, Nebraska, and provides management services to Immanuel Immanuel and Bergan are the sole corporate members of Alegent

In connection with the activities and events described above, certain administrative functions of Immanuel and Bergan are performed at Alegent These administrative functions include human resources, information systems, planning and marketing, legal, system management, accounting and finance, and other centralized functions During 2011 and 2010, approximately $38,672 and $48,177, respectively, of such expenses were charged back to Immanuel and are reflected in operating expenses in the accompanying consolidated statements of operations

The Agreement contains provisions related to dissolution that generally provide for distribution of the assets based on fair market value Distribution percentages vary depending upon the manner in which dissolution occurs

In connection with the Agreement, Immanuel has recorded an adjustment to excess of revenues over expenses of $19,785 and $16,837 for the years ended June 30, 2011 and 2010, respectively, representing the sharing of the operating results of Immanuel and Bergan In addition, $(17,406) and $3,868 have been reflected as adjustments to net assets in 2011 and 2010, respectively, which reflect the sharing of capital expenditures for the same periods

Immanuel has recorded its 50% share of the loss of Alegent and affiliates of $(8,277) and $(9,304) for the years ended June 30, 2011 and 2010, respectively, which is reflected as equity in operating income and other income of Alegent in the accompanying consolidated statements of operations

At June 30, 2011 and 2010, Immanuel had recorded an intercorporate (payable) receivable of $(2,585) and $21,235, respectively, as a result of these transactions

(4) Assets Limited as to Use

The composition of assets limited as to use at June 30, 2011 and 2010 is set forth in the following table

	2011	2010
Assets limited as to use		
Investment in CHI investment limited partnership	$ 321,284	$ 276,460
Cash and cash equivalents	507	653
Marketable debt securities	275	35
Marketable equity securities	—	202
Pledges receivable	1	2
Other	—	2
Total	$ 322,067	$ 277,354

Immanuel has an undivided interest in the CHI investment limited partnership Immanuel accounts for its investment in the investment partnership using the equity method of accounting At June 30, 2011 and 2010, the value of the CHI investment limited partnership approximated $6 0 billion and $5 billion, respectively, with Immanuel's ownership interest approximating 5% and 6%, respectively Immanuel's investment in the CHI investment limited partnership is comprised of the following as of June 30, 2011 and 2010 (all investments are at fair value)

	2011	2010
Fixed income	$ 155,004	$ 146,576
Equity	166,280	129,884
Total	$ 321,284	$ 276,460

The CHI investment limited partnership is comprised of the following investment classifications as of June 30, 2011 and 2010

	2011	2010
Cash and cash equivalents	9%	5%
Common stocks	40	36
Corporate and other bonds	11	16
U S government securities	3	6
Fixed income funds	15	17
Hedge funds	8	9
Private equity funds	6	6
Real estate funds	4	3
Foreign currency exchange contracts	3	1
Other	1	1
Total	100%	100%

(Continued)

Investment income, gains, and losses for assets limited as to use and cash and cash equivalents are comprised of the following for the years ended June 30, 2011 and 2010

	2011	2010
Statements of operations		
Interest and investment income	$ 120	$ 405
Equity in income of investment limited partnership	52,038	26,441
Total investment income, gains, and losses	$ 52,158	$ 26,846

(5) Net Patient Service Revenue

Immanuel has agreements with third-party payors that provide for payments to Immanuel at amounts different from its established rates A summary of the payment arrangements with major third-party payors is as follows

(a) Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors In addition, Alegent Health—Memorial Hospital, Schuyler, Nebraska and Community Memorial Hospital, Missouri Valley, Iowa have been designated Critical Access Hospitals and, accordingly, are reimbursed their cost of providing services to Medicare beneficiaries

(b) Nebraska and Iowa Medicaid

Nebraska and Iowa inpatient and Iowa outpatient services rendered to Medicaid program beneficiaries are primarily paid at prospectively determined rates per discharge or procedure Certain Nebraska outpatient services are reimbursed based on a percentage rate representing the average ratio of cost to charges discounted by 18% Physician clinic services are paid based on fee schedule amounts The hospitals designated as Critical Access Hospitals are reimbursed based on their reasonable costs

Revenue from the Medicare and Medicaid programs accounted for approximately 33% and 16%, respectively, of Immanuel's net patient revenue for the year ended June 30, 2011, and 30% and 13%, respectively, of Immanuel's net patient revenue for the year ended June 30, 2010 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The 2011 and 2010 net patient service revenue increased approximately $717 and $1,833, respectively, due to the removal of allowances previously estimated that were no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations

Immanuel also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the

hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Net patient service revenue, as reflected in the accompanying consolidated statements of operations, is as follows

	2011	2010
Gross patient charges		
Inpatient charges	$ 330,192	$ 376,585
Outpatient charges	240,173	228,409
Total gross patient charges	570,365	604,994
Less		
Deductions from gross patient charges		
Contractual adjustments – Medicare, Medicaid, and other	347,568	353,515
Net patient service revenue	$ 222,797	$ 251,479

(6) Long-Term Debt

Long-term debt as of June 30, 2011 and 2010 consists of the following

	2011	2010
Notes payable to CHI, due in monthly installments through December 1, 2028 with a weighted average yield of 4 6% during 2011	$ 51,422	$ 54,217
Notes payable to CHI, due in monthly installments through December 1, 2039 with a weighted average yield of 4 6% during 2011	82,248	57,740
Other long-term obligations	962	1,021
	134,632	112,978
Less current maturities	4,357	3,921
Long-term debt, excluding current maturities	$ 130,275	$ 109,057

Bergan, Immanuel, and Alegent have entered into the Alegent Financing Agreement (AFA) with CHI, which provides access to the capital markets CHI is the sponsor of Bergan Under the terms of the AFA, Bergan is defined as a Participant and Alegent and Immanuel as Designated Affiliates These categories define the level of participation and control of CHI The terms of the AFA require the Alegent system to meet certain financial covenants and ratios and provide other limits relating to additional indebtedness and transfers of property, among others

On November 10, 2009, Bergan, Immanuel, and Alegent issued additional promissory notes to CHI for $282 million During 2010, Immanuel received approximately $58 million of its $84 million in debt proceeds from CHI, and the remaining $26 million in debt proceeds was received during 2011 as financed assets were placed into service

Under the terms of the AFA, each party has issued promissory notes to CHI The obligations issued under the AFA represent the individual obligations of the issuer In the unlikely event that CHI would have insufficient funds to make required payments on its financial obligations, Bergan, Immanuel, Alegent, and all other Participants and Designated Affiliates of CHI may be required to contribute funds to CHI to enable it to meet its obligations

Scheduled principal payments on long-term debt for the next five years and thereafter are approximately as follows

2012	$	4,357
2013		4,586
2014		4,814
2015		5,053
2016		5,303
Thereafter		110,519

(7) Retirement Plans

Alegent Health Retirement 403(b) Plan

Beginning January 1, 2010, Immanuel participates in the Alegent 403(b) savings plan Participating employees can contribute a portion of their salary to the plan, subject to IRS regulations Immanuel makes matching contributions up to a maximum of 3% based on salary and a fixed contribution up to 6% based on years of service Pension expense related to this plan for the years ended June 30, 2011 and 2010 was $3,835 and $2,055, respectively

Alegent Health Multioptional Pension Plan

Immanuel participates in the Alegent multioptional pension plan covering substantially all of the Health System's employees During 2009, Alegent's board of directors approved a resolution to freeze the plan effective January 1, 2010 Generally, employees were eligible for participation after completing one year of service in which the employee completed 1,000 hours or more of service and had attained the age of 19 This Plan covered eligible employees as of January 1, 2010 For each plan year, a retirement benefit was provided for as a percentage of the eligible participant's annual compensation Employee contributions to the plan were not permitted except for certain rollover provisions Benefits earned under the plan are available to participants at a normal retirement age of 65, with early retirement available to participants who have reached the age of 55 and are 100% vested Benefits vest after three years of service Pension expense for Immanuel for the years ended June 30, 2011 and 2010 was $610 and $2,393, respectively Separate information applicable to Immanuel is not available

(Continued)

(8) Fair Value Measurements

ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Immanuel has the ability to access at the measurement date
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly
- Level 3 inputs are unobservable inputs for the asset or liability

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following tables present assets and liabilities that are measured at fair value on a recurring basis at June 30, 2011 and 2010:

		Fair value measurements at reporting date using		
	June 30, 2011	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets				
Cash and cash equivalents	$ 65,515	$ 63,566	$ 1,949	$ —
Assets limited as to use				
Cash and cash equivalents	507	46	461	—
Corporate and asset-backed securities	275	—	275	—
Other	—	—	—	—
Total	$ 66,297	$ 63,612	$ 2,685	$ —

(Continued)

	June 30, 2010	Fair value measurements at reporting date using: Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets				
Cash and cash equivalents	$ 33,187	$ 30,757	$ 2,430	$ —
Assets limited as to use				
Cash and cash equivalents	653	134	519	—
Corporate and asset-backed securities	160	—	160	—
Other	79	79	—	—
Total	$ 34,079	$ 30,970	$ 3,109	$ —

(9) Concentrations of Credit Risk

Immanuel grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2011 and 2010 approximates the following:

	2011	2010
Medicare	33%	33%
Medicaid	22	19
Managed care	24	29
Self-pay	20	16
Commercial and other	1	3
	100%	100%

(10) Insurance Programs

Immanuel participates in a centralized risk management program sponsored by Alegent for its hospital professional and general liability insurance coverage. The program provides for deductibles of $2,000 per occurrence, with annual aggregates of $4,000 for general liability and $6,000 for hospital professional liability. In addition, the program has excess coverage purchased from the commercial insurance market providing for $30,000 per occurrence and in the aggregate. In the event that the current policy is not renewed or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be uninsured. Immanuel has established reserves for possible losses on both asserted and unasserted claims based upon an independent actuarial study.

(Continued)

Immanuel participates with Alegent in a workers' compensation self-insurance program, which provides coverage for all workers' compensation claims Coverage is provided through a self-insurance program with a fronting policy whereby the responsibility for the initial $400 and $450, for Nebraska and Iowa, respectively, of each claim resides with the workers' compensation self-insurance program A specific stop-loss agreement covers claim amounts in excess of $400 and $450 up to each state's statutory requirements Immanuel has established reserves for possible losses on both asserted and unasserted claims based upon an independent actuarial study

Immanuel is also self-insured under its employee group health and dental programs up to certain limits Included in the accompanying consolidated statements of operations is a provision for premiums for excess coverage and payments for claims, including estimates of the ultimate costs for both reported claims and claims incurred but not yet reported at year-end related to such claims

Management of Immanuel is presently not aware of any unasserted general and professional liability or group health, dental, or workers' compensation claims that would have a material adverse impact on the accompanying consolidated financial statements

(11) Laws and Regulations

The health care industry is subject to numerous laws and regulations of federal, state, and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Violations of these laws and regulations could result in expulsion from government health care programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed Management believes that Immanuel is in compliance with government laws and regulations as they apply to the areas of fraud and abuse

(12) Functional Expenses

Immanuel provides health care services primarily to residents within its geographic location Expenses included in the consolidated statements of operations as they relate to provision of these services are as follows for the years ended June 30, 2011 and 2010

	2011	2010
Health care services	$ 212,966	$ 249,978
General and administrative	26,264	32,687
Total operating expenses	$ 239,230	$ 282,665

(13) Facility Plan

Alegent has developed an overall framework for integrating the elements of its facility plan referred to as Generation Patient Successful implementation of all elements of Generation Patient will enable the enhancement and innovation of clinical services, facilities, and hospital campuses across the Alegent system The investments in plant and equipment are funded through a combination of operating cash flow,

investments, long-term debt, and philanthropy. Total Generation Patient expenditures are projected to approximate $400,000 of which Immanuel would fund 50% as a result of either direct acquisition for the Immanuel or through the equalization of expenditures provided by the Joint Operating Agreement. Expenditures are expected to conclude in 2012. As of June 30, 2011 and 2010, total costs incurred relating to Generation Patient projects for all Alegent entities approximated $337,927 and $317,379, respectively.

(14) Joint Ventures

Immanuel participates in several joint ventures. The following table represents the joint ventures and their respective balances as reflected in investments in joint ventures on the consolidated balance sheets:

	2011	2010
Investment in joint ventures		
Memorial Community Hospital Corporation and Affiliate	$ 6,878	$ 5,992
Prairie Health Ventures, LLC	2,595	2,006
Other	6	—
Total investment in joint ventures	$ 9,479	$ 7,998

The following table represents 100% of the combined financial position and results of operations of the joint ventures discussed above:

	2011	2010
Financial position		
Total assets	$ 50,403	$ 48,344
Total liabilities	24,992	26,015
Net assets	25,411	22,329
Total liabilities and net assets	$ 50,403	$ 48,344
Results of operations		
Revenue	$ 36,770	$ 35,351
Change in equity	3,082	2,001

Total equity in income of joint ventures was $3,215 and $2,971 in 2011 and 2010, respectively.

(Continued)

(15) Subsequent Events

Immanuel has evaluated subsequent events from the consolidated balance sheet date through September 8, 2011, the date at which the consolidated financial statements were available to be issued, and determined there are no other items to disclose

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Balance Sheet Information

June 30, 2011

(Amounts in thousands)

Assets	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate	Alegent Health—Memorial Hospital, Schuyler, Nebraska	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Current assets					
Cash and cash equivalents	$ 54,377	$ 9,528	$ 1,610	$ —	$ 65,515
Patient accounts receivable	35,757	4,046	2,005	—	41,808
Less allowance for uncollectible accounts	16,026	1,334	919	—	18,279
Net patient accounts receivable	19,731	2,712	1,086	—	23,529
Intercorporate receivable	—	—	984	(984)	—
Other accounts receivable	1,706	—	—	—	1,706
Inventories	3,227	485	234	—	3,946
Prepaid expenses	231	—	—	—	231
Total current assets	79,272	12,725	3,914	(984)	94,927
Assets limited as to use					
Long-term investments	313,899	7,130	255	—	321,284
Other investments	—	380	403	—	783
Total assets limited as to use	313,899	7,510	658	—	322,067
Property and equipment					
Land	1,800	105	6	—	1,911
Land improvements	8,107	142	247	—	8,496
Buildings and improvements	217,601	6,877	7,409	—	231,887
Equipment	81,883	4,162	3,983	—	90,028
Construction in progress	2,680	—	—	—	2,680
	312,071	11,286	11,645	—	335,002
Less accumulated depreciation	171,475	8,069	7,215	—	186,759
Property and equipment, net	140,596	3,217	4,430	—	148,243
Other assets					
Property held for investment or future expansion	—	159	—	—	159
Investment in joint ventures	9,479	—	—	—	9,479
Other assets	40	—	—	—	40
Investment in Alegent Health	50,159	—	—	—	50,159
Total other assets	59,678	159	—	—	59,837
Total assets	$ 593,445	$ 23,611	$ 9,002	$ (984)	$ 625,074

(Continued)

Exhibit I

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Balance Sheet Information

June 30, 2011

(Amounts in thousands)

Liabilities and Net Assets	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate	Alegent Health—Memorial Hospital, Schuyler, Nebraska	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Current liabilities					
Current portion of long-term debt	$ 4,285	$ 4	$ 68	$ —	$ 4,357
Accounts payable	2,089	108	—	—	2,197
Accrued salaries, wages, and benefits	16	370	194	—	580
Intercorporate payable	3,325	244	—	(984)	2,585
Estimated third-party payor settlements	4,063	1,333	22	—	5,418
Other liabilities and accrued expenses	3,236	183	61	—	3,480
Total current liabilities	17,014	2,242	345	(984)	18,617
Long-term debt, net of current portion	128,604	307	1,364	—	130,275
Other long-term liabilities	1,119	4	79	—	1,202
Total liabilities	146,737	2,553	1,788	(984)	150,094
Net assets					
Unrestricted	442,171	20,729	7,248	—	470,148
Temporarily restricted	2,746	75	(36)	—	2,785
Permanently restricted	1,791	254	2	—	2,047
Total net assets	446,708	21,058	7,214	—	474,980
Total liabilities and net assets	$ 593,445	$ 23,611	$ 9,002	$ (984)	$ 625,074

See accompanying independent auditors' report

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Statement of Operations Information

Year ended June 30, 2011

(Amounts in thousands)

	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate, Inc.	Alegent Health—Memorial Hospital, Schuyler	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Unrestricted revenues, gains, and other support					
Gross patient charges					
Inpatient charges	$ 320,284	$ 7,466	$ 2,442	$ —	$ 330,192
Outpatient charges	198,178	30,420	11,575	—	240,173
	518,462	37,886	14,017	—	570,365
Less					
Deductions from gross patient charges					
Contractual adjustments and other	330,203	14,947	2,418	—	347,568
Net patient service revenue	188,259	22,939	11,599	—	222,797
Cafeteria, building rental, sales to nonpatients, and other	14,087	364	98	(956)	13,593
Total revenues, gains, and other support	202,346	23,303	11,697	(956)	236,390
Operating expenses					
Salaries and wages	68,819	7,001	3,679	15,970	95,469
Employee benefits	18,539	1,966	991	5,175	26,671
Supplies	28,456	2,303	737	367	31,863
Intercorporate services	38,672	—	—	(38,672)	—
Purchased services	15,721	4,437	2,505	4,348	27,011
Professional services	9,757	4,258	1,844	1,538	17,397
Provision for bad debts	9,871	815	903	—	11,589
Other expenses	1,536	294	109	5,790	7,729
Gain on sale of spine operations	(18,692)	—	—	—	(18,692)
Depreciation and amortization	14,912	320	396	5,202	20,830
Rentals and leases	4,549	602	264	(654)	4,761
Interest	5,459	12	54	(20)	5,505
Equity in operating loss of Alegent Health	9,097	—	—	—	9,097
Total operating expenses	206,696	22,008	11,482	(956)	239,230
Operating income (loss)	(4,350)	1,295	215	—	(2,840)
Other income (loss)					
Interest and investment income (loss)	(285)	338	67	—	120
Equity in income of investment limited partnership	52,038	—	—	—	52,038
Equity in other income of Alegent Health	820	—	—	—	820
Total other income, net	52,573	338	67	—	52,978
Excess of revenues over expenses, before joint operating agreement adjustment	48,223	1,633	282	—	50,138
Joint operating agreement adjustment	19,785	—	—	—	19,785
Excess of revenues over expenses	68,008	1,633	282	—	69,923
Other changes in unrestricted net assets					
Contributions for the purchase of property and equipment	118	10	—	—	128
Joint operating agreement adjustment – capital expenditures	(17,406)	—	—	—	(17,406)
Transfers to other Alegent affiliates	(39,359)	—	—	—	(39,359)
Equity in other changes in unrestricted net assets of Alegent Health	45,395	—	—	—	45,395
Other	219	—	—	—	219
Increase in unrestricted net assets	$ 56,975	$ 1,643	$ 282	$ —	$ 58,900

See accompanying independent auditors' report

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Statement of Changes in Net Assets Information

Year ended June 30, 2011

(Amounts in thousands)

	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate, Inc.	Alegent Health—Memorial Hospital, Schuyler	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Unrestricted					
Balance, June 30, 2010	$ 385,196	$ 19,086	$ 6,966	$ —	$ 411,248
Excess of revenues over expenses	68,008	1,633	282	—	69,923
Contributions for the purchase of property and equipment	118	10	—	—	128
Joint operating agreement adjustment – capital expenditures	(17,406)	—	—	—	(17,406)
Transfers to other Alegent affiliates	(39,359)	—	—	—	(39,359)
Equity in other changes in unrestricted net assets of Alegent Health	45,395	—	—	—	45,395
Other	219	—	—	—	219
Increase in unrestricted net assets	56,975	1,643	282	—	58,900
Balance, June 30, 2011	$ 442,171	$ 20,729	$ 7,248	$ —	$ 470,148
Temporarily restricted					
Balance, June 30, 2010	$ 2,110	$ 353	$ (18)	$ —	$ 2,445
Net assets released from restrictions for use in operations	—	(54)	(39)	—	(93)
Contributions restricted by donor	—	9	21	—	30
Change in unrealized gains and losses on investments, net	—	21	—	—	21
Equity in other changes in temporarily restricted net assets of Alegent Health	454	—	—	—	454
Other	182	(254)	—	—	(72)
Increase (decrease) in temporarily restricted net assets	636	(278)	(18)	—	340
Balance, June 30, 2011	$ 2,746	$ 75	$ (36)	$ —	$ 2,785
Permanently restricted					
Balance, June 30, 2010	$ 1,790	$ —	$ 2	$ —	$ 1,792
Contributions restricted by donor	—	254	—	—	254
Equity in other changes in permanently restricted net assets of Alegent Health	1	—	—	—	1
Increase in permanently restricted net assets	1	254	—	—	255
Balance, June 30, 2011	$ 1,791	$ 254	$ 2	$ —	$ 2,047

See accompanying independent auditors' report