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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

Doing Business As

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

Room/suite

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

D Employer identification number
47-0757164

E Telephone number
(402) 343-4323

G Gross receipts $ 266,531,808

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

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 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 1992

M State of legal domicile NE

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its 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**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	11,193
6	Total number of volunteers (estimate if necessary)	**6**	610
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,091,247
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,662,462	2,507,063
	9 Program service revenue (Part VIII, line 2g)	241,206,547	235,318,678
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,338	119,015
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,122,919	25,003,856
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,084,266	262,948,612
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,241,095	16,156,543
	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)	107,465,681	95,804,955
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	228,250
	b Total fundraising expenses (Part IX, column (D), line 25) ▶228,250		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	137,484,602	124,049,289
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	261,191,378	236,239,037
	19 Revenue less expenses Subtract line 18 from line 12	23,892,888	26,709,575

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	501,799,634	552,745,187
	21 Total liabilities (Part X, line 26)	373,360,570	311,117,547
	22 Net assets or fund balances Subtract line 21 from line 20	128,439,064	241,627,640

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 $ 21,053,934 including grants of $ 8,227,930) (Revenue $ 127,281,525)

ALEGENT HEALTH LAKESIDE HOSPITAL AND ALEGENT HEALTH MIDLANDS HOSPITAL STAFF ARE FOCUSED ON RESTORING PATIENTS' HEALTH BY USING PERSONALIZED CARE AND STATE-OF-THE-ART TECHNOLOGY THE DIAGNOSTIC CENTER AT BOTH HOSPITALS IS EQUIPPED WITH THE LATEST DIGITAL IMAGING TECHNOLOGY HEALTHCARE PROVIDERS HAVE MEDICAL INFORMATION AT THEIR FINGER TIPS, SO DIAGNOSIS IS QUICKER AND TREATMENT CAN BE STARTED SOONER EACH DIAGNOSTIC CENTER OFFERS A FULL RANGE OF DIAGNOSTIC IMAGING SERVICES INCLUDING BUT NOT LIMITED TO THE FOLLOWING MRI, CT SCANNING, PET/CT SCAN, ULTRASOUND, MAMMOGRAMS, NUCLEAR MEDICINE, CLINICAL LABORATORY, X-RAY IMAGING, PULMONARY SERVICES, OUTPATIENT LABORATORY TESTING, ANGIOGRAPHY AND RADIOGRAPHY

4b (Code) (Expenses $ 10,827,078 including grants of $ 3,933,407) (Revenue $ 60,847,629)

ALEGENT HEALTH MIDLANDS COMMUNITY HOSPITAL AND ALEGENT HEALTH LAKESIDE HOSPITAL OFFER A WIDE RANGE OF COMPREHENSIVE CARDIOVASCULAR SERVICES IN THE REGION, USING A TEAM APPROACH TO ADDRESS THE TOTAL NEEDS OF THE CARDIOVASCULAR PATIENT CARDIAC SERVICES INCLUDE BUT ARE NOT LIMITED TO HI-TECH DIAGNOSIS AND INTERVENTION, CARDIAC CATHETERIZATION LAB, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, HEART SCANS AND HEART CHECKS, ANGIOPLASTY AND DRUG-ELUTING STENTS

4c (Code) (Expenses $ 6,628,754 including grants of $ 2,762,999) (Revenue $ 42,742,064)

THE ALEGENT HEALTH EMERGENCY DEPARTMENTS PROVIDE EXPERT TREATMENT FOR ADULTS AND CHILDREN WHETHER IT'S A LIFE-THREATENING MEDICAL CONDITION OR HIGH FEVER, EXPERIENCED STAFF IS TRAINED AND READY TO HANDLE A WIDE RANGE OF EMERGENCY SITUATIONS ALEGENT HEALTH IS CONSTANTLY WORKING TO FIND NEW AND BETTER WAYS TO MAKE SURE EACH PATIENT RECEIVES THE BEST, MOST EFFICIENT EMERGENCY CARE POSSIBLE THE EMERGENCY DEPARTMENT CONSISTENTLY SCORES IN THE HIGHEST PERCENTILE FOR QUALITY OF CARE, NURSE AND DOCTOR UNDERSTANDING AND CARING, AS WELL AS THE LEAST AMOUNT OF TIME PATIENTS SPEND WAITING FOR EMERGENCY CARE

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

(Expenses $ 150,223,242 including grants of $ 1,232,207) (Revenue $ 24,401,932)

4e **Total program service expenses** ▶ $ 188,733,008

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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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		No
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**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	873		
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	11,193		
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization 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	10		
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 WOOTEN SENIOR VPCFO
12809 WEST DODGE ROAD
OMAHA, NE 68154
(402) 343-4323

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

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)** . . . . . ▶								3,820,214	9,524,811	3,089,711

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 ▶ 120

			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
PULMONARY MEDICINE SPECIALISTS PC 7710 MERCY RD 428 OMAHA, NE 68124	PULMONARY SERVICES	2,386,412
CASSLING DIAGNOSTIC IMAGINGINC 13808 F STREET OMAHA, NE 68137	DIAGNOSTIC IMAGING SERVICES	1,735,151
PRN FUNDING LLC PO BOX 643455 CINCINNATI, OH 45264	CLINICAL AND TRANSLATIONAL CONSULTING	1,262,411
SIEMENS MEDICAL SOLUTIONS USA INC 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	IT SOLUTIONS & CONSULTING	1,235,467
HRS ERASE INC 200 NE MULBERRY STE 200 LEES SUMMIT, MO 64086	ACCOUNT RECONCILIATION	1,024,022

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 ▶ 71

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	674,832				
	c Fundraising events 1c					
	d Related organizations . . . 1d	311,288				
	e Government grants (contributions) 1e	221,467				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,299,476				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		2,507,063			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	561300	219,438,286	219,182,627	255,659	
	b MANAGEMENT SVCS-AFFIL	900003	12,367,019	12,367,019		
	c PHARMACY SALES	446110	2,800,046		1,146,627	1,653,419
	d FOOD & NUTRITION	722320	647,834			647,834
	e HEALTH EDUC PROGRAMS	611710	59,037	59,037		
	f All other program service revenue		6,456	6,456		
	g **Total.** Add lines 2a–2f . . . . . ▶		235,318,678			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		133,496			133,496
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	2,424,152				
	b Less rental expenses	2,596,781				
	c Rental income or (loss)	-172,629				
	d Net rental income or (loss) . . . . . ▶		-172,629			-172,629
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		971,934			
	b Less cost or other basis and sales expenses		986,415			
	c Gain or (loss)		-14,481			
	d Net gain or (loss) . . . . . ▶		-14,481			-14,481
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a SYSTEM REVENUE ALLOCAT	812900	13,751,129	13,113,835	637,294	
	b OPERATING JOINT VENTUR	900003	5,388,629	5,388,629		
	c REIMBURSED SERVICES	900099	5,155,547	5,155,547		
	d All other revenue		881,180		51,667	829,513
	e **Total.** Add lines 11a–11d . . . . . ▶		25,176,485			
	12 **Total revenue.** See Instructions . . . ▶		262,948,612	255,273,150	2,091,247	3,077,152

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	467,386	467,386		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	15,689,157	15,689,157		
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	1,714,633	1,371,706	342,927	
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	74,882,550	59,906,040	14,976,510	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,659,332	5,327,466	1,331,866	
9 Other employee benefits	3,948,764	3,159,011	789,753	
10 Payroll taxes	8,599,676	6,879,741	1,719,935	
a Fees for services (non-employees) Management				
b Legal	346,222		346,222	
c Accounting	397,625		397,625	
d Lobbying	89,467	89,467		
e Professional fundraising services *See Part IV, line 17*	228,250			228,250
f Investment management fees				
g Other	4,507,436	126,453	4,380,983	
12 Advertising and promotion	3,617,194	2,893,755	723,439	
13 Office expenses	40,794,113	32,635,290	8,158,823	
14 Information technology				
15 Royalties				
16 Occupancy	8,491,030	6,792,824	1,698,206	
17 Travel	937,929	750,343	187,586	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	368,028	294,422	73,606	
20 Interest	6,107,826	4,886,261	1,221,565	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,520,349	18,016,279	4,504,070	
23 Insurance	721,562	577,250	144,312	
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 TAXES & LICENSES	14,449,649	11,559,719	2,889,930	
b BAD DEBT	11,479,544	9,933,386	1,546,158	
c PURCHASED SERVICES	5,993,455	4,794,764	1,198,691	
d MISCELLANEOUS	2,187,781	1,750,225	437,556	
e MEMBERSHIP & DUES	625,861	500,689	125,172	
f All other expenses	414,218	331,374	82,844	
25 **Total functional expenses.** Add lines 1 through 24f	236,239,037	188,733,008	47,277,779	228,250
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		5,295,211	1	18,949,874
	2	Savings and temporary cash investments		10,084,778	2	6,246,523
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,402,931	4	18,907,596
	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		6,912	7	2,756,912
	8	Inventories for sale or use		4,999,891	8	4,712,812
	9	Prepaid expenses and deferred charges		6,580,955	9	7,699,787
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 578,853,028			
	b	Less accumulated depreciation	10b 276,130,207	318,789,490	10c	302,722,821
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		11,181,790	12	20,505,330
	13	Investments—program-related See Part IV, line 11		2,567,488	13	2,588,137
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		119,890,188	15	167,655,395
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		501,799,634	16	552,745,187
Liabilities	17	Accounts payable and accrued expenses		142,411,048	17	135,214,222
	18	Grants payable			18	
	19	Deferred revenue		346,516	19	367,755
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties		142,815,506	24	139,864,545
	25	Other liabilities Complete Part X of Schedule D		87,787,500	25	35,671,025
	26	**Total liabilities.** Add lines 17 through 25		373,360,570	26	311,117,547
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		128,439,064	27	241,627,640
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		128,439,064	33	241,627,640
	34	Total liabilities and net assets/fund balances		501,799,634	34	552,745,187

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	262,948,612
2	Total expenses (must equal Part IX, column (A), line 25)	2	236,239,037
3	Revenue less expenses Subtract line 2 from line 1	3	26,709,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	128,439,064
5	Other changes in net assets or fund balances (explain in Schedule O)	5	86,479,001
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	241,627,640

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

Employer identification number
47-0757164

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).

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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	47-0757164

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)	89,467	106,741
c Total lobbying expenditures (add lines 1a and 1b)	89,467	106,741
d Other exempt purpose expenditures	236,149,570	484,963,523
e Total exempt purpose expenditures (add lines 1c and 1d)	236,239,037	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

Employer identification number
47-0757164

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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	1,921,624	1,552,292	2,368,143		
b	Contributions	733,104	639,081	-340,443		
c	Investment earnings or losses	16,251	8,441	-4,285		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	397,306	278,190	471,123		
f	Administrative expenses					
g	End of year balance	2,273,673	1,921,624	1,552,292		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶ 100 000 %

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		14,870,095		14,870,095
b Buildings		205,920,501	52,529,016	153,391,485
c Leasehold improvements		7,148,432	3,605,300	3,543,132
d Equipment		332,257,602	215,195,701	117,061,901
e Other		18,656,398	4,800,190	13,856,208
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				302,722,821

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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) LAND HELD FOR EXPANSION	4,424,266
(2) INTERCOMPANY RECEIVABLES	160,640,604
(3) CASH SURRENDER VALUE OF LIFE INSURANCE	2,590,525
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	167,655,395

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY PAYOR RESERVE	1,561,487
DEFERRED COMPENSATION/RETIREMENT PROGRAMS	3,029,706
MINIMUM PENSION LIABILITY	31,079,832
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	35,671,025

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	0
8	Other (Describe in Part XIV)	8	0
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 HELD BY ALEGENT HEALTH FOUNDATION TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH
		PART X, LINE 2 - THE ENTITIES REPORTED IN THE CONSOLIDATED AUDIT 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 F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALEGENT HEALTH

Employer identification number
47-0757164

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	AH HAS ONE DESIGNATED EMPLOYEE WHO IS THE LIASON FOR THE HOSPITAL LOCATED IN TANZANIA THE EMPLOYEE ASSISTS WITH THE PROGRAMS, SERVICES AND ACTIVITIES FOR THE HOUSES FOR HEALTH AND SCHOOL OF NURSING DEPARTMENTS	205,738
3a Sub-total	1	1			205,738
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	1	1			205,738

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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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

Employer identification number
47-0757164

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	**(iii)** 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
PAUL J STRAWHECKER INC 4913 DODGE STREET OMAHA, NE 68132	CONSULTING SERVICES		No	213,399	228,250	0
Total . . . . . ▶				213,399	228,250	

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 (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				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

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: 93493135040332

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

Employer identification number
47-0757164

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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare 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)		6,454	5,639,271		5,639,271	2 510 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		594	9,916,989	9,007,693	909,296	0 400 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		7,048	15,556,260	9,007,693	6,548,567	2 910 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		10,668	349,791	34,764	315,027	0 140 %
f Health professions education (from Worksheet 5)		334	104,615		104,615	0 050 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			275,888	114,440	161,448	0 070 %
i Cash and in-kind contributions to community groups (from Worksheet 8)		775	177,238	76	177,162	0 080 %
j **Total** Other Benefits		11,777	907,532	149,280	758,252	0 340 %
k **Total.** Add lines 7d and 7j		18,825	16,463,792	9,156,973	7,306,819	3 250 %

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		2,805	27,841	250	27,591	0 010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		6	240,965		240,965	0 110 %
7 Community health improvement advocacy			5,050		5,050	0 %
8 Workforce development						
9 Other						
10 **Total**		2,811	273,856	250	273,606	0 120 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,371,542		
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	790,853		
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	30,250,452		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,984,267		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-17,733,815		
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 1 LAKESIDE AMBULATORY SURGERY CENTER LLC	AMBULATORY SURGICAL CENTER	52 000 %		48 000 %
2 2 LAKESIDE ENDOSCOPY CENTER LLC	AMBULATORY SURGICAL CENTER	51 000 %		49 000 %
3 3 AH-NORTHWEST IMAGING CENTER LLC	DIAGNOSTIC TESTING	51 000 %		49 000 %
4 4 NEBRASKA SPINE LLC	SPINE HOSPITAL	51 000 %		49 000 %
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? 2

	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 MIDLANDS HOSPITAL 11111 S 84TH STREET PAPILLION,NE 68046	X	X					X		
2	ALEGENT HEALTH LAKESIDE HOSPITAL 16901 LAKESIDE HILLS COURT OMAHA,NE 68130	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: ALEGENT HEALTH MIDLANDS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☑ The policy was attached to all billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	Yes	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☑ Reporting to credit agency			
b ☑ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16	Yes	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☑ Reporting to credit agency			
b ☑ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☑ Notified patients of the financial assistance policy upon admission			
b ☑ Notified patients of the financial assistance policy prior to discharge			
c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☑ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☑ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: ALEGENT HEALTH LAKESIDE HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☑ The policy was attached to all billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	Yes	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☑ Reporting to credit agency			
b ☑ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16	Yes	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☑ Reporting to credit agency			
b ☑ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☑ Notified patients of the financial assistance policy upon admission			
b ☑ Notified patients of the financial assistance policy prior to discharge			
c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☑ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☑ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**	Yes	
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

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	THE LIGHTHOUSE HEALTHCARE RESIDENCE 17600 ARBOR STREET OMAHA,NE 68130	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 MIDLANDS HOSPITAL IN SARPY COUNTY, NE AND LAKESIDE HOSPITAL IN DOUGLAS COUNTY, NE SERVE THE OMAHA METROPOLITAN STATISTICAL AREA (MSA)AND ARE PART OF THE ALEGENT HEALTH SYSTEM THE AMOUNT OF FINANCIAL ASSISTANCE WRITE-OFF FOR ENTITIES OF THE ALEGENT HEALTH SYSTEM ARE BASED ON A FINANCIAL ASSISTANCE SLIDING FEE SCHEDULE UTILIZING A DERIVATIVE OF THE CURRENT US DEPARTMENT 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 THE ALEGENT HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY THE APPLICATION PROCESS REQUIRES THAT THE PATIENT COMPLETE A PERSONAL FINANCIAL APPLICATION AND PROVIDE VERIFICATION DOCUMENTS VERIFICATION INCLUDES 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 ALEGENT HEALTH 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 METHODOLOGY 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 $11,479,544 INCLUDED IN THE FUNCTIONAL EXPENSE TOTAL FROM FORM 990, 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 IS $224,759,493

Identifier	ReturnReference	Explanation
		PART II AS A RESULT OF 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 TO MAKE 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 CONSISTING OF COMMUNITY LEADERS AND POLICY MAKERS HAVE DIRECTED AN ECOLOGICAL APPROACH TO IMPROVE PROGRAMS, POLICIES AND BUILD THE ENVIRONMENT TO PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING AND BUILD THE CAPACITY FOR HEALTHY CHOICES AT THE INDIVIDUAL AND ORGANIZATIONAL LEVEL MORE THAN 200 VOLUNTEERS HAVE PARTICIPATED IN THE PLANNING AND IMPLEMENTATION OF LWOK INITIATIVES A PORTION OF THIS INVESTMENT IN LWOK IS ALLOCATED TO MIDLANDS AND LAKESIDE HOSPITALS THE ALEGENT HEALTH SYSTEM ALSO PROVIDES LEADERSHIP AND FUNDING TO LIVE WELL OMAHA-A COMMUNITY COALITION ADDRESSING COMMUNITY HEALTH ISSUES THAT PRODUCES A COMMUNITY HEALTH REPORT CARD, LIVE WELL POTTAWATTAMIE COUNTY AND YMCA FOR A HEALTHY LIVING NEEDS ASSESSMENTS, THE DOMESTIC VIOLENCE COORDINATING COUNCIL AND YWCA OMAHA TO COMBAT INTIMATE PARTNER VIOLENCE, TOBACCO AND DRUG FREE COALITIONS TO ADDRESS SUBSTANCE ABUSE IN SARPY COUNTY, LOCAL CHAMBER OF COMMERCE FOR ECONOMIC DEVELOPMENT, AND LOCAL HEALTH DEPARTMENTS

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 ARE 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 ALEGENT HEALTH 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 THE MEDICARE COST REPORTS WHICH USE A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART III, LINE 9B 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 MIDLANDS HOSPITAL		PART V, SECTION B, LINE 11H SIZE OF FAMILY IS ALSO USED IN THE CALCULATION

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

Identifier	ReturnReference	Explanation
ALEGENT HEALTH MIDLANDS HOSPITAL		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

Identifier	ReturnReference	Explanation
ALEGENT HEALTH LAKESIDE HOSPITAL		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

Identifier	ReturnReference	Explanation
ALEGENT HEALTH LAKESIDE HOSPITAL		PART V, SECTION B, LINE 20 DURING FISCAL YEAR ENDING JUNE 30, 2011, ONE PATIENT WAS CHARGED MORE THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES AT ALEGENT HEALTH LAKESIDE HOSPITAL THE PATIENT WAS IDENTIFIED PRIOR TO FISCAL YEAR END, AND EXCESS AMOUNT PAID OVER THE AVERAGE OF THE THREE LOWEST NEGOTIATED RATES WAS REFUNDED TO THE PATIENT

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 WITHIN WHICH 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 MSA'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 PLANNING FOR ALEGENT HEALTH ON TWO LEVELS- I REPORTING TO THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH HEALTH PLANNING OVERSIGHTII INTO THE ANNUAL STRATEGIC PLANNING PROCESSES OF ALEGENT HEALTH THIS COALITION INCLUDES THE DIRECTOR OF THE SARPY/CASS HEALTH DEPARTMENT, IN WHICH MIDLANDS HOSPITAL IS LOCATED IN ADDITION MIDLAND'S HOSPITAL LEADERSHIP IS ACTIVELY ENGAGED WITH SARPY COUNTY SCHOOLS' LEADERSHIP IN THE ONGOING COUNTY BASED CONVERSATIONS TO IMPACT SCHOOL HEALTH EDUCATION AND PRACTICES PARTICULAR TO DOUGLAS COUNTY, WITHIN WHICH LAKESIDE HOSPITAL 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 SIGNS ARE POSTED IN CLINICS AND HOSPITALS, AND THERE IS INFORMATION ON FINANCIAL ASSISTANCE POSTED AT REGISTRATION POINTS THROUGHOUT THE CLINICS AND HOSPITALS BILLS CONTAIN FINANCIAL ASSISTANCE VERBIAGE INFORMATION ON ALEGENT HEALTH'S FINANCIAL ASSISTANCE POLICY IS ALSO LOCATED 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, PATIENTS ARE 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 ALEGENT HEALTH SYSTEM, WHICH INCLUDES LAKESIDE HOSPITAL AND MIDLANDS HOSPITAL, SERVES THE EIGHT-COUNTY GREATER OMAHA 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 IS $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 PARENT ALEGENT HEALTH SYSTEM PARTICIPATE IN MEDICAL STUDENT PRECEPTORSHIPS THAT ADVANCE THE HEALTHCARE PROVIDER EDUCATION PROCESS THE AFFILIATED NOT-FOR-PROFIT CORPORATION HAS THE SAME FINANCIAL ASSISTANCE POLICY THAT MAKES ACCESS FOR THE POOR AS BARRIER FREE AS POSSIBLE ALEGENT HEALTH HAS OPEN MEDICAL STAFFS AND ARE ONE OF 3 HEALTH SYSTEMS THAT FUND THE OPERATIONS OF A COALITION THAT EXISTS TO PROVIDE ACCESS FOR THE PATIENTS OF 3 AREA FQCHCS TO SPECIALTY PHYSICIAN SERVICES AND HOSPITAL BASED DIAGNOSTICS AND TREATMENT ALEGENT HEALTH IS THE SOLE COMPREHENSIVE ACUTE MENTAL HEALTH PROVIDER IN THE OMAHA MSA AREA AND IS A JOINT VENTURE PARTNER IN A NOT-FOR-PROFIT HOSPICE INPATIENT HOSPITAL AND PROVIDES THE MANAGEMENT SUPPORT CONTRACT ALEGENT HEALTH 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 ALEGENT HEALTH 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 A PORTION OF THIS EXPENSE IS ALLOCATED TO ALEGENT HEALTH - MIDLANDS HOSPITAL AND ALEGENT HEALTH - LAKESIDE HOSPITAL EMERGENCY DEPARTMENT - ALEGENT HEALTH HOSPITALS HAVE FULL-TIME EMERGENCY DEPARTMENTS THAT ARE OPEN TO THE PUBLIC AND PROVIDE MEDICAL SCREENING EXAMINATIONS AND STABILIZING TREATMENT WITHIN THE CAPABILITIES AND CAPACITY OF THE HOSPITALS REGARDLESS OF BUT NOT LIMITED TO THE PATIENT'S RACE, COLOR, SEX, AGE, AND/OR ABILITY TO PAY THE HOSPITALS ARE IN COMPLIANCE WITH THE FEDERAL EMTALA REGULATIONS MEDICAL STAFF - THE HOSPITALS MAINTAIN AN OPEN MEDICAL STAFF ALL QUALIFIED MDS, DOS, OTHER HEALTHCARE PRACTITIONERS, AND MID-LEVEL PRACTITIONERS ARE ELIGIBLE TO APPLY FOR PRIVILEGES AT THE HOSPITALS ALEGENT HEALTH'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 BOARD OF DIRECTORS - ALEGENT HEALTH 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

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 THE SENIOR LEADERSHIP OF THE INDIVIDUAL HOSPITALS IS 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 VERSUS ADDRESSING ACUTE CARE NEEDS 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)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135040332

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

Employer identification number
47-0757164

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 17

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	6454		15,689,157	BOOK	REDUCE OR WRITE OFF OF PATIENT SERVICES

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

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 ALEGENT HEALTH ONLY DISTRIBUTES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS WITH THE SAME MISSION AND PURPOSE AS THE ALEGENT HEALTH SYSTEM THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION
OTHER INFORMATION	PART IV	SCHEDULE I, PART III ALEGENT HEALTH RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY9850 NICHOLAS STREET OMAHA,NE 68114	23-7040934	501(C)(3)	13,000				GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION12838 AUGUSTA AVENUE OMAHA,NE 68144	13-1623888	501(C)(3)	11,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION10100 J STREET OMAHA,NE 68127	13-5613797	501(C)(3)	15,000				GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION14 WALL STREET NO 8C NEW YORK,NY 10005	13-1632524	501(C)(3)	5,925				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	11,750				GENERAL SUPPORT
CATHOLIC CHARITIES OF ARCHDIOCESE OF OMAHA 3300 N 60TH STREET OMAHA,NE 68104	47-0376612	501(C)(3)	19,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF CORNING601 6TH STREET CORNING,IA 50841	42-6004418	501(C)(3)	9,000				GENERAL SUPPORT
FRIENDS OF NAIVASHA HOSPITAL25002 MASON STREET WATERLOO,NE 68069	03-0564411	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER OMAHA CHAMBER FOUNDATION 1301 HARNEY STREET OMAHA,NE 68102	47-0258610	501(C)(3)	50,000				GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NE INC124 S 24TH ST STE 230 OMAHA,NE 68102	23-7267972	501(C)(3)	68,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OMAHA SYMPHONY ASSOCIATION1605 HOWARD OMAHA,NE 68102	47-6039304	501(C)(3)	5,900				GENERAL SUPPORT
ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 SOUTH 30TH STREET STE 103 OMAHA,NE 68107	47-0548990	501(C)(3)	92,631				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PETER CLAVER CRISTO RAY HIGH SCHOOL5301 SOUTH 36TH STREET OMAHA,NE 68107	30-0348098	501(C)(3)	10,000				GENERAL SUPPORT
VOICES FOR CHILDREN IN NEBRASKA7521 MAIN STREET NO 103 OMAHA,NE 68127	36-3528940	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WELLNESS COUNCIL OF MIDLANDS12565 WEST CENTER ROAD OMAHA,NE 68144	47-0642708	501(C)(3)	11,100				GENERAL SUPPORT
NEBRASKA SYNOD ELCA 4980 S 118TH STREET STE D OMAHA,NE 68137	36-3514308	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PAPILLION RECREATION DEPARTMENT1100 W LINCOLN ROAD PAPILLION,NE 68046	47-6006318	501(C)(3)	10,000				GENERAL SUPPORT

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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

Employer identification number
47-0757164

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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)							
(7)							
(8)							
(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 ARE 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 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 THEODORE SCHWAB - $232,210 WAYNE SENSOR - $2,253,869 PATRICIA NADLE - $127,504 FRED HOSLER, MD - $794,319 MARGARET BREEN - $274,090 AMY PROTEXTER - $249,317 MARK KESTNER, MD - $541,623 MARTIN HICKEY, MD - $122,460 DAVID TEW - $180,015 MICHAEL ANDERSON - $160,387 SCHEDULE J, PART I, 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 MARIE KNEDLER - $22,238 SHEREE KEELY - $10,915 ELIZABETH LLEWELLYN - $12,916 PATRICIA MASEK - $10,956 FRANK EMSICK - $11,534 PAUL EBMEIER - $20,451 ANN SCHUMACHER - $19,981 CINDY ALLOWAY - $19,449 KEVIN NOKELS - $17,965 MARTIN HICKEY, MD - $50,630
	PART I, LINE 5	PHYSICIANS EMPLOYED BY ALEGENT HEALTH ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON INDIVIDUAL QUALITY MANAGEMENT, WHICH INCLUDE 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 THAN 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, AND/OR CASH PAYMENTS FOR DEFERRED COMPENSATION 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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER	(I)	26,500	0	0	0	0	26,500	0
DO	(II)	377,050	0	27,127	14,700	18,657	437,534	0
RICHARD HACHTEN II	(I)	136,384	52,622	26,284	54,347	3,084	272,721	0
	(II)	528,449	203,895	101,845	210,582	11,950	1,056,721	0
MARTIN HICKEY MD	(I)	72,363	28,653	47,564	37,864	4,625	191,069	25,121
	(II)	280,383	111,023	184,298	146,715	17,921	740,340	97,339
JOAN NEUHAUS	(I)	65,683	19,956	10,566	66,499	1,000	163,704	0
	(II)	254,501	77,324	40,941	257,665	3,875	634,306	0
KENNETH LAWONN	(I)	58,313	21,730	10,941	24,724	3,238	118,946	0
	(II)	225,942	84,199	42,396	95,797	12,546	460,880	0
SCOTT WOOTEN	(I)	69,629	26,072	15,234	24,606	3,792	139,333	0
	(II)	269,791	101,023	59,030	95,340	14,691	539,875	0
LARRY BROWN MD	(I)	171,323	4,379	14,724	13,866	12,625	216,917	0
	(II)	171,323	4,379	14,723	13,866	12,624	216,915	0
RICK MILLER MD	(I)	21,340	0	822	78,601	1,268	102,031	0
	(II)	82,689	0	3,183	304,559	4,914	395,345	0
SHEREE KEELY	(I)	25,119	6,071	5,604	5,994	2,310	45,098	0
	(II)	97,328	23,521	21,712	23,227	8,949	174,737	0
ELIZABETH LLEWELLYN	(I)	29,707	7,577	7,334	7,432	1,587	53,637	0
	(II)	115,108	29,359	28,421	28,798	6,149	207,835	0
PATRICIA MASEK	(I)	27,331	6,399	4,277	10,662	2,955	51,624	0
	(II)	105,902	24,793	16,575	41,314	11,450	200,034	0
FRANK EMSICK	(I)	30,973	7,532	4,482	5,884	4,160	53,031	0
	(II)	120,012	29,185	17,366	22,798	16,119	205,480	0
PAUL EBMEIER	(I)	51,555	11,456	6,090	6,791	4,454	80,346	0
	(II)	199,767	44,387	23,597	26,311	17,256	311,318	0
CINDY ALLOWAY	(I)	47,265	10,035	9,857	17,354	4,217	88,728	0
	(II)	183,140	38,885	38,194	67,244	16,340	343,803	0
KEVIN NOKELS	(I)	39,752	10,429	11,889	10,497	5,042	77,609	0
	(II)	154,029	40,408	46,066	40,674	19,538	300,715	0
JAYNE MCCORMICK MD	(I)	267,118	0	26,767	5,594	1,349	300,828	0
	(II)	0	0	0	0	0	0	0
JANE CARMODY	(I)	12,708	39,575	742	76,815	403	130,243	0
	(II)	49,238	153,339	2,876	297,637	1,563	504,653	0
NANCY WALLACE	(I)	35,030	5,760	5,633	71,055	2,699	120,177	0
	(II)	135,731	22,319	21,829	275,322	10,459	465,660	0
KRISHAN ARIYARATHNA MD	(I)	317,479	0	26,795	12,250	24,280	380,804	0
	(II)	0	0	0	0	0	0	0
MARIE KNEDLER	(I)	57,253	12,394	6,135	27,658	4,102	107,542	0
	(II)	221,842	48,024	23,766	107,170	15,895	416,697	0
STEPHEN BUDD MD	(I)	271,379	0	15,466	7,350	21,818	316,013	0
	(II)	0	0	0	0	0	0	0
ANN SCHUMACHER	(I)	49,860	9,339	7,457	11,129	4,979	82,764	0
	(II)	193,192	36,183	28,894	43,123	19,293	320,685	0
DARREN SPLONSKOWSKI MD	(I)	277,801	0	14,751	12,848	21,702	327,102	0
	(II)	0	0	0	0	0	0	0
AMY PROTEXTER	(I)	0	0	51,145	408	1,601	53,154	51,145
	(II)	0	0	198,172	1,579	6,205	205,956	198,172
MARK KESTNER MD	(I)	1,041	0	112,563	165	1,366	115,135	111,109
	(II)	4,035	0	436,150	640	5,293	446,118	430,515
FRED HOSLER MD	(I)	521	0	164,906	0	1,502	166,929	162,947
	(II)	2,018	0	638,967	0	5,821	646,806	631,373
PATRICIA NADLE	(I)	12,299	10,250	28,241	0	1,121	51,911	26,156
	(II)	47,655	39,714	109,427	0	4,344	201,140	101,348
MARGARET BREEN	(I)	0	0	56,226	140	978	57,344	56,227
	(II)	0	0	217,864	539	3,788	222,191	217,864
THEODORE SCHWAB	(I)	0	0	47,635	258	0	47,893	47,636
	(II)	0	0	184,575	1,000	0	185,575	184,575
WAYNE SENSOR	(I)	347	0	462,952	0	2,909	466,208	462,358
	(II)	1,345	0	1,793,815	0	11,274	1,806,434	1,791,511
DAVID TEW	(I)	0	0	36,928	274	0	37,202	36,928
	(II)	0	0	143,087	1,064	0	144,151	143,087
MICHAEL ANDERSON	(I)	0	0	32,902	0	0	32,902	32,902
	(II)	0	0	127,485	0	0	127,485	127,485

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ 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

Employer identification number
47-0757164

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GUILLERMO HUERTA MD - BOARD MEMBER	PULMONARY MEDICINE SPECIALIST PC - PRESIDENT	2,386,412	HEALTHCARE SERVICES		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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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

Employer identification number
47-0757164

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		ALEGENT HEALTH HAS TWO CORPORATE MEMBERS, IMMANUEL HEALTH SYSTEMS (IHS) AND CATHOLIC HEALTH INITIATIVES (CHI)

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

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FOLLOWING THE PREPARATION OF THE FORM 990 BY INTERNAL TAX STAFF, THE RETURN IS REVIEWED BY THE TAX DIRECTOR, EXTERNAL TAX ADVISOR AND THE CHIEF FINANCIAL OFFICER THE FINAL TAX RETURN IS POSTED ON THE ELECTRONIC DIRECTOR'S PORTAL TO BE REVIEWED AND PRESENTED AT THE FINANCE AND AUDIT COMMITTEE OF THE BOARD THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR ARE PRESENT AT THE FINANCE AND AUDIT COMMITTEE MEETING TO ANSWER QUESTIONS ADDITIONALLY, THE BOARD OF DIRECTORS ARE 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 - 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 OF ALEGENT HEALTH 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 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, MARTIN HICKEY, MD, JANE CARMODY, MARIE KNEDLER, SHEREE KEELY, ELIZABETH LLEWELLYN, PATRICIA MASEK, FRANK EMSICK, PAUL EBMEIER, NANCY WALLACE, CINDY ALLOWAY, KEVIN NOKELS AND ANN SCHUMACHER THEREFORE, THEIR AVERAGE NUMBER OF HOURS WORKED PER WEEK FOR THE AFFILIATE ORGANIZATIONS ARE 48 LARRY BROWN, MD IS ALSO AN EXECUTIVE OF THE ALEGENT HEALTH SYSTEM AND AVERAGE HOURS PER WEEK FOR THE AFFILIATE ORGANIZATION IS 30 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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS TO BEGINNING NET ASSETS -3,795,000 TEMP RESTRICTED CHANGE IN UNREALIZED GAIN/LOSS 10,742 UNRESTRICTED TRANSFERS TO/FROM OTHER ALEGENT AFFILIATES 78,457,701 UNRESTRICTED OTHER 139,440 PENSION MEASUREMENT DATE TRANSITION ADJUSTMENT 11,666,118 TOTAL TO FORM 990, PART XI, LINE 5 86,479,001

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

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 1A	PAYMENTS TO VENDORS FOR ENTITIES THAT ARE PART OF THE ALEGENT HEALTH SYSTEM ARE MADE BY ALEGENT HEALTH ALEGENT HEALTH FILES THE FORM 1099S AND COMPLIES WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND GAMING WINNINGS

Identifier	Return Reference	Explanation
	FORM 990, PART 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

Employer identification number
47-0757164

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
(1) ALEGENT HEALTH QUICKCARE LLC 12809 WEST DODGE ROAD OMAHA, NE 68154 20-3437352	EXPRESS CARE CLINIC	NE	1,661,513	139,021	N/A

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) Disproprtionate 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	2,551,508	2,403,170	80 000 %

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**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	See Additional Data Table			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

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: 47-0757164
Name: ALEGENT HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6901 N 72ND STREET OMAHA, NE68122 47-0376615	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH	Yes	
ALEGENT HEALTH CLINIC 12809 WEST DODGE ROAD OMAHA, NE68154 47-0765154	CLINICAL SERVICES	NE	501(C)(3)	L3	ALEGENT HEALTH	Yes	
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	Yes	
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, NE68124 47-0484764	LICENSED HOSPITAL	NE	501(C)(3)	L3	ALEGENT HEALTH	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	

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	RELATED	3,061,775	3,004,251		No			No	53 770 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE68130 20-5544496	ENDOSCOPY SERVICES	NE	N/A	RELATED	984,655	869,217		No			No	50 960 %
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	N/A	RELATED	-882,433	7,287,681		No			No	92 900 %
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	N/A	RELATED	-50,527	571,931		No		Yes		51 000 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	N/A	N/A				No			No	0 %
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No	0 %
NEBRASKA SPINE LLC 6901 NORTH 72ND STREET STE 20300 OMAHA, NE68122 27-0263191	SPINE HOSPITAL	NE	N/A	RELATED	-2,698,673	16,214,318		No			No	51 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ALEGENT HEALTH FOUNDATION	C	311,288	BOOK VALUE
(2)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	P	32,728,749	BOOK VALUE
(3)	ALEGENT HEALTH CLINIC	P	4,688,038	BOOK VALUE
(4)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	P	15,503,987	BOOK VALUE
(5)	ALEGENT HEALTH CLINIC	I	2,060,594	BOOK VALUE
(6)	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	I	96,359	BOOK VALUE
(7)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	I	236,807	BOOK VALUE
(8)	ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	Q	384,886	BOOK VALUE
(9)	ALEGENT HEALTH CLINIC	Q	119,258	BOOK VALUE

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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	FORM 990 PAGE 10	47-0757164

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

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

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	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**	11,760
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**	11,760
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

EIN: 47-0757164

Affiliated Group Business Name:	ALEGENT HEALTH IMMANUEL MEDICAL CENTER
Address. Either US or Foreign Type:	6901 NORTH 72ND STREET OMAHA, NE 68122
EIN:	47-0376615
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	17,274
Total Lobbying Expenditures:	17,274
Other Exempt Purpose Expenditures:	248,813,953
Total Exempt Purpose Expenditures:	248,831,227
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 AND RELATED ENTITIES

Combined 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 and Related Entities

We have audited the accompanying combined balance sheets of Alegent Health and related entities (Alegent) as of June 30, 2011 and 2010, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended. These combined financial statements are the responsibility of Alegent's management. Our responsibility is to express an opinion on these combined 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 Alegent'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 combined financial statements referred to above present fairly, in all material respects, the financial position of Alegent Health and related entities 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 combined financial statements taken as a whole. The 2011 combining information included in Exhibits I, II, and III is presented for purposes of additional analysis of the basic combined financial statements rather than to present the financial position, results of operations, and changes in net assets of the individual entities. The information has been subjected to the auditing procedures applied in our audits of the basic combined financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic combined financial statements taken as a whole.

KPMG LLP

Omaha, Nebraska
September 8, 2011

ALEGENT HEALTH AND RELATED ENTITIES

Combined Balance Sheets

June 30, 2011 and 2010

(Amounts in thousands)

Assets	2011	2010
Current assets		
Cash and cash equivalents	$ 143,275	$ 67,417
Patient accounts receivable, net of allowance for doubtful accounts of $67,464 in 2011 and $64,981 in 2010	103,139	112,687
Other accounts receivable	3,997	4,701
Inventories	19,580	19,925
Prepaid expenses	8,411	7,154
Total current assets	278,402	211,884
Assets limited as to use		
Long-term investments	567,973	479,807
Other investments	7,486	12,619
Total assets limited as to use	575,459	492,426
Property and equipment		
Land	20,130	17,745
Land improvements	29,903	29,690
Buildings and improvements	918,379	829,031
Equipment	541,570	514,242
Construction in progress	22,467	93,271
	1,532,449	1,483,979
Less accumulated depreciation	767,897	694,502
Property and equipment, net	764,552	789,477
Other assets		
Property held for investment or future expansion	4,583	7,051
Investment in joint ventures	30,235	15,413
Investments held for deferred compensation plans	2,591	3,108
Other assets	148	2,557
Total other assets	37,557	28,129
Total assets	$ 1,655,970	$ 1,521,916

(Continued)

ALEGENT HEALTH AND RELATED ENTITIES

Combined Balance Sheets

June 30, 2011 and 2010

(Amounts in thousands)

Liabilities and Net Assets	2011	2010
Current liabilities		
Current portion of long-term debt	$ 18,588	$ 13,835
Accounts payable	25,780	32,926
Accrued salaries, wages, and benefits	65,693	59,046
Accrued vacation and sick leave	34,983	32,272
Estimated third-party payor settlements	11,222	5,318
Other liabilities and accrued expenses	37,238	34,872
Total current liabilities	193,504	178,269
Long-term debt, net of current portion	436,978	417,876
Other long-term liabilities	9,341	9,085
Liability for pension benefits	32,162	56,548
Payable under deferred compensation plans	46	1,000
Total liabilities	672,031	662,778
Net assets		
Unrestricted	973,709	849,959
Temporarily restricted	6,392	5,596
Permanently restricted	3,838	3,583
Total net assets	983,939	859,138
Total liabilities and net assets	$ 1,655,970	$ 1,521,916

See accompanying notes to combined financial statements

ALEGENT HEALTH AND RELATED ENTITIES

Combined 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	$ 976,695	$ 989,318
Cafeteria, building rental, sales to nonpatients, and other	46,270	48,479
Total revenues, gains, and other support	1,022,965	1,037,797
Operating expenses		
Salaries and wages	361,110	369,449
Employee benefits	101,398	119,072
Supplies	151,662	168,087
Purchased services	81,163	87,030
Professional services	102,581	99,646
Provision for bad debts	58,937	76,249
Other expenses	28,137	29,184
Gain on sale of spine operations	(18,692)	—
Loss on impairment	7,097	—
Depreciation and amortization	88,688	75,626
Rentals and leases	18,743	18,536
Interest	18,611	9,371
Total operating expenses	999,435	1,052,250
Operating income (loss)	23,530	(14,453)
Other income		
Interest and investment income	506	821
Equity in income of investment limited partnership	87,022	48,420
Other, net	60	66
Total other income, net	87,588	49,307
Excess of revenues over expenses	111,118	34,854
Other changes in unrestricted net assets		
Contributions for the purchase of property and equipment	458	518
Liability for pension benefits adjustment	11,666	(13,047)
Other	508	1,180
Increase in unrestricted net assets	$ 123,750	$ 23,505

See accompanying notes to combined financial statements

ALEGENT HEALTH AND RELATED ENTITIES

Combined 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	$ 826,454	$ 4,636	$ 3,582	$ 834,672
Excess of revenues over expenses	34,854	—	—	34,854
Restricted interest and investment income, net	—	264	—	264
Contributions for the purchase of property and equipment	518	—	—	518
Net assets released from restrictions for use in operations	—	(632)	—	(632)
Change in unrealized gains and losses on investments, net	—	336	—	336
Contributions restricted by donor		992	1	993
Liability for pension benefits adjustment	(13,047)	—	—	(13,047)
Other	1,180	—	—	1,180
Increase in net assets	23,505	960	1	24,466
Balance, June 30, 2010	849,959	5,596	3,583	859,138
Excess of revenues over expenses	111,118	—	—	111,118
Restricted interest and investment income, net	—	379	—	379
Contributions for the purchase of property and equipment	458	—	—	458
Net assets released from restrictions for use in operations	—	(787)	—	(787)
Change in unrealized gains and losses on investments, net	—	588	—	588
Contributions restricted by donor	—	800	255	1,055
Liability for pension benefits adjustment	11,666	—	—	11,666
Other	508	(184)	—	324
Increase in net assets	123,750	796	255	124,801
Balance, June 30, 2011	$ 973,709	$ 6,392	$ 3,838	$ 983,939

See accompanying notes to combined financial statements

ALEGENT HEALTH AND RELATED ENTITIES

Combined 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	$ 124,801	$ 24,466
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	88,688	75,626
Provision for bad debts	58,937	76,249
Gain on sale of spine operations	(18,692)	—
Loss on impairment	7,097	—
Equity in income of investment limited partnership	(87,022)	(48,420)
Equity in income of joint ventures	(7,429)	(2,463)
Restricted interest and investment income	(379)	(264)
Contributions for the purchase of property and equipment	(458)	(518)
Change in unrealized gains and losses on investments, net	(588)	(336)
Contributions restricted by donor	(1,055)	(993)
Liability for pension benefits adjustment	(11,666)	13,047
Other changes in net assets	(324)	(1,180)
Decrease (increase) in assets		
Receivables		
Patients	(49,389)	(68,807)
Other	704	2,305
Inventories	345	(2,041)
Prepaid expenses	(1,257)	(3,553)
Increase (decrease) in liabilities		
Accounts payable	(11,462)	(11,131)
Accrued salaries, wages, and benefits	6,647	7,516
Accrued vacation and sick leave	2,711	4,079
Estimated third-party payor settlements	5,904	4,058
Other liabilities and accrued expenses	2,366	(782)
Liability for pension benefits	(12,720)	462
Net cash provided by operating activities	95,759	67,320
Cash flows from investing activities		
Purchases of assets limited as to use	(48,743)	(75,312)
Sales of assets limited as to use	53,320	944
Additions to property and equipment	(68,051)	(203,320)
Contributions for the purchase of property and equipment	458	518
Proceeds from sale of spine operations	21,943	—
Contributions to joint ventures	(13,485)	(4,021)
Distributions from joint ventures	6,092	5,727
Increase in other long-term assets and liabilities	2,952	(2,286)
Net cash used in investing activities	(45,514)	(277,750)
Cash flows from financing activities		
Principal payments on long-term debt	(14,108)	(7,011)
Proceeds from the issuance of long-term debt	37,963	244,033
Payments on line of credit	—	(50,000)
Restricted contributions and interest	1,434	1,257
Other changes in net assets	324	1,180
Net cash provided by financing activities	25,613	189,459
Net increase (decrease) in cash and cash equivalents	75,858	(20,971)
Cash and cash equivalents, beginning of year	67,417	88,388
Cash and cash equivalents, end of year	$ 143,275	$ 67,417
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (net of amount capitalized)	$ 18,611	$ 9,371

See accompanying notes to combined financial statements

(1) Organization

Alegent Health and related entities (Alegent) is a not-for-profit integrated health care delivery system The combined financial statements of Alegent include the accounts of the following entities or operating divisions, which are subject to the provisions of a Joint Operating Agreement (the Agreement) as discussed herein

Alegent Health (which includes)

Alegent Health Clinic

Alegent Health – Midlands Community Hospital

Alegent Health – Lakeside Hospital

Alegent Health Foundation

Alegent Health – Bergan Mercy Health System and Affiliates (Bergan) (which includes)

The Archbishop Bergan Mercy Medical Center, Omaha, Nebraska

Alegent Health – Mercy Hospital, Council Bluffs, Iowa

Alegent Health – Mercy Hospital, Inc and Affiliate, Corning, Iowa

Avantas, LLC

Alegent Health – Immanuel Medical Center and Affiliates (Immanuel) (which includes)

Alegent Health – Immanuel Medical Center

Alegent Health – Community Memorial Hospital, Inc and Affiliate, Missouri Valley, Iowa

Alegent Health – Memorial Hospital, Inc and Affiliate, Schuyler, Nebraska

Significant intercompany accounts and transactions have been eliminated in the combination

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 was formed pursuant to the Agreement between Alegent Health, Bergan, and Immanuel, which was effective January 1, 1996 The accompanying combined financial statements are prepared for the purpose of presenting all entities under the common control of Alegent Health on a combined basis, as provided by the Agreement

Bergan and Immanuel are voluntary not-for-profit organizations that operate health care delivery systems in eastern Nebraska and western Iowa The sole corporate member of Bergan is Catholic Health Initiatives (CHI) The sole corporate member of Immanuel is Immanuel (Immanuel parent corporation) Bergan and Immanuel are the sole corporate members of Alegent Health

(Continued)

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 Internal Revenue Code Alegent Health 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 the system

Under the terms of the Agreement, the combined 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

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

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

(2) Summary of Significant Accounting Policies

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

(a) Use of Estimates

The preparation of combined 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 combined 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

At June 30, 2011 and 2010, 99% and 97% of Alegent's investment portfolio is invested in the CHI investment limited partnership, respectively (note 3) Investments in partnerships are recorded using the equity method of accounting with the related equity in earnings and losses reported as other income in the accompanying combined 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.

(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, Alegent capitalized approximately $1,981 and $7,082, 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

Alegent 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 combined 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, Alegent 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

(Continued)

including discounted cash flow models, quoted market values, and third-party independent appraisals, as considered necessary

During 2011, Alegent recognized a loss of $7,097 related to the impairment of goodwill and other long-lived assets at Bergan Mercy Surgery Center, LLC, a consolidated investee, which is reflected in operating expenses in the accompanying combined statements of operations Fair value was determined based on discounted cash flow models

(h) Temporarily and Permanently Restricted Net Assets

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

Temporarily and permanently restricted net assets held by Alegent 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*

Alegent 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

Alegent Health Foundation's board of directors 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, Alegent 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, Alegent 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 Alegent 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 Alegent, and

(7) the investment policies of Alegent

Endowment assets are invested in the CHI investment limited partnership (note 3)

(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 assets 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 combined 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 combined 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

Alegent has agreements with third-party payors that provide for payments to Alegent 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

Alegent provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Alegent does not pursue collection of amounts once determined to qualify as charity care, they are not reported as revenue in the combined statements of operations The amount of charges foregone for services and supplies furnished under Alegent's charity policy aggregated approximately $91,037 and $82,194 in 2011 and 2010, respectively

(l) Excess of Revenues over Expenses

The combined statements of operations include excess of revenues over expenses Changes in unrestricted net assets that 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 changes in the liability for pension benefits

(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 $480,019 and $441,667, respectively

Alegent 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 combined financial statements on a recurring and nonrecurring basis Fair value is defined as 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

Alegent 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 combined statements of operations Alegent's obligations relate to estimates of the costs to abate clinical and administrative facilities containing asbestos, to replace underground storage tanks, and to modify leased properties At June 30, 2011 and 2010, this long-term liability totaled $4,119 and $4,870, respectively

(p) Income Taxes

All related entities (see note 1) 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, except Avantas, LLC Avantas, LLC is a multi-member limited liability company treated as a partnership and therefore is not subject to federal and state income taxes

Alegent 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 combined financial statements.

(q) Reclassifications

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

(3) 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
Investment in CHI investment limited partnership	$ 567,973	$ 479,807
Cash and cash equivalents	4,338	9,016
Marketable debt securities	—	35
Marketable equity securities	275	203
Pledges receivable	945	1,571
Other	1,928	1,794
Total	$ 575,459	$ 492,426

Alegent has an undivided interest in the CHI investment limited partnership. Alegent 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 $5.0 billion, with Alegent's ownership interest approximating 9% and 10%, respectively. Alegent's investment in the CHI investment limited partnership is comprised of the following as of June 30, 2011 and 2010:

	2011	2010
Fixed income	$ 269,882	$ 249,921
Equity	298,091	229,886
Total	$ 567,973	$ 479,807

(Continued)

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%

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
Combined statements of operations		
Interest and investment income	$ 506	$ 821
Equity in income of investment limited partnership	87,022	48,420
Total investment income	$ 87,528	$ 49,241

(4) Net Patient Service Revenue

Alegent has agreements with third-party payors that provide for payments to Alegent 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 – Mercy Hospital, Inc , Corning, Iowa, Alegent Health – Community Memorial Hospital, Inc , Missouri Valley, Iowa, and Alegent Health – Memorial Hospital, Inc , Schuyler, Nebraska, have been designated Critical Access Hospitals and, accordingly, are reimbursed their cost of providing services to Medicare beneficiaries

(Continued)

(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 their reasonable costs

Revenue from Medicare and Medicaid programs accounted for approximately 28% and 9%, respectively, of Alegent's net patient revenue for the year ended June 30, 2011, and 26% and 9%, respectively, of Alegent'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 $3,556 and $5,392, respectively, due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations

Alegent also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to Alegent 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 combined statements of operations, consists of the following

	2011	2010
Gross patient charges		
Inpatient charges	$ 1,321,000	$ 1,333,819
Outpatient charges	1,153,597	1,090,993
Total gross patient charges	2,474,597	2,424,812
Less		
Deductions from gross patient charges		
Contractual adjustments – Medicare, Medicaid, and other	1,497,902	1,435,494
Net patient service revenue	$ 976,695	$ 989,318

(Continued)

(5) Long-Term Debt

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

	2011	2010
Promissory notes payable to CHI, principal maturing in varying annual amounts through December 1, 2028, with a weighted average yield of 4 6% during 2011	$ 173,877	$ 183,611
Promissory notes payable to CHI, principal maturing in varying annual amounts through December 1, 2039, with a weighted average yield of 4 6% during 2011	276,970	242,640
Other long-term obligations	4,719	5,460
Total long-term debt	455,566	431,711
Less current maturities	18,588	13,835
Long-term debt, excluding current maturities	$ 436,978	$ 417,876

Bergan, Immanuel, and Alegent have entered into the Alegent Financing Agreement (AFA) with CHI, which provides access to the capital markets 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 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, and 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

On November 10, 2009, Bergan, Immanuel, and Alegent issued additional promissory notes to CHI for $282 million During 2010, Alegent received approximately $244 million of the $282 million in debt proceeds from CHI, and the remaining $38 million in debt proceeds was received during 2011 as financed assets were placed into service

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

2012	$ 18,588
2013	15,637
2014	16,414
2015	17,234
2016	18,094
Thereafter	369,599

(Continued)

(6) Retirement Plans

Alegent Health Retirement 403(b) Plan

Beginning January 1, 2010, Alegent sponsors a 403(b) savings plan Participating employees can contribute a portion of their salary to the plan, subject to IRS regulations Alegent makes matching contributions up to a maximum of 3% based on salary and a fixed contribution up to 6% based on years of service Alegent's pension expense related to the 403(b) savings plan was $17,693 and $9,200 in 2011 and 2010, respectively

Alegent Health Multioptional Pension Plan

Alegent sponsors a noncontributory multioptional pension plan that includes both a defined benefit and defined contribution option During 2009, Alegent's board of directors approved a resolution to freeze the Alegent Health Retirement Plan (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 based on length of service Employee contributions to the Plan were not permitted except for certain rollover provisions Benefits 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 Total net periodic pension cost, including both the defined benefit and contribution options, approximated $2,552 and $10,102 during 2011 and 2010, respectively

The Plan's approximate net periodic pension cost for the years ended June 30, 2011 and 2010 is included in the following components

(a) Defined Contribution Option

The Plan provides employees with a noncontributory defined contribution retirement option During 2010, Alegent incurred expense of $4,081 in connection with this option This option was replaced with the 403(b) savings plan

(Continued)

(b) Defined Benefit Option

The following table summarizes the projected benefit obligation, the fair value of plan assets, and the funded status at June 30, 2011 and 2010

	2011	2010
Changes to benefit obligation		
Benefit obligation at beginning of period	$ 112,534	$ 90,899
Service cost	100	3,958
Interest cost	6,416	5,792
Actuarial loss (gain)	(944)	16,264
Plan expenses	(55)	(141)
Benefits paid	(5,843)	(4,238)
Benefit obligation at end of period	112,208	112,534
Changes in plan assets		
Fair value of plan assets at beginning of period	55,986	47,860
Actual return on plan assets	14,658	6,905
Employer contributions	15,300	5,600
Plan expenses	(55)	(141)
Benefits paid	(5,843)	(4,238)
Fair value of plan assets at end of period	80,046	55,986
Funded status at end of period	$ (32,162)	$ (56,548)
Amounts recognized in the combined balance sheets		
Noncurrent liabilities	$ (32,162)	$ (56,548)
Accumulated reduction in unrestricted net assets	29,450	41,116
Net amount recognized	$ (2,712)	$ (15,432)

Amounts recognized in accumulated reduction in unrestricted net assets consist of the net actuarial loss of $29,450 and $41,116 at June 30, 2011 and 2010, respectively

The accumulated benefit obligation as of June 30, 2011 and 2010 was $112,208 and $112,534, respectively

(Continued)

The following is a summary of the components of net periodic pension cost for the years ended June 30, 2011 and 2010

	2011	2010
Service cost during the period	$ 100	$ 3,958
Interest cost on projected benefit obligation	6,416	5,792
Expected return on plan assets	(5,858)	(4,574)
Amortization of unrecognized loss	1,922	887
Total benefit cost	$ 2,580	$ 6,063

Other changes in plan assets and benefit obligation recognized in other changes in unrestricted net assets in 2011 and 2010 consist of the amortization of net gain (loss) of $11,666 and $(13,047), respectively

The net loss for the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year is $1,911

Alegent's investment objective with respect to the pension plan is to produce sufficient current income and capital growth through a portfolio of equity and fixed income investments that, together with appropriate employer contributions, is sufficient to provide for the pension benefit obligations Pension assets are managed by outside investment managers in accordance with the investment policies and guidelines established by the pension trustees and are diversified by investment style, asset category, sector, industry, issuer, and maturity Alegent's overall investment strategy is to achieve a mix of approximately 53% equity securities, 27% debt securities, and 20% other types of investments

The participants in the Plan are invested in a commingled investment vehicle offered by CHI As these investments are commingled with other funds, the postretirement fund investments are measured using net asset value as reported by CHI using Level 3 inputs as defined in ASC Topic 820 The investment policies and strategies for the plan assets are to maintain these asset allocations consistent with the allocations as of June 30, 2011

The reconciliation of the beginning and ending balances of the commingled investment vehicle are as follows

	2011	2010
Beginning balance	$ 55,986	$ 47,860
Actual return on plan assets	14,658	6,905
Purchases, sales, and settlements, net	9,402	1,221
Ending balance	$ 80,046	$ 55,986

(Continued)

The current investment mix of the portfolio is as follows

	Target allocations	2011	2010
Equity securities	53%	54%	54%
Debt securities	27	26	25
Other	20	20	21
Total	100%	100%	100%

The following are the actuarial assumptions used by the Plan to develop the components of pension cost for the years ended June 30, 2011 and 2010

	2011	2010
Discount rate	5 90%	6 70%
Rate of increase in compensation levels	N/A	3 00
Expected long-term rate of return on plan assets	8 00	8 00

Alegent's overall expected long-term rate of return on assets is 8 0% The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories The return is based exclusively on historical returns, without adjustments

The following are the actuarial assumptions used by the Plan to develop the components of the pension projected benefit obligation for the years ended June 30, 2011 and 2010

	2011	2010
Discount rate	5 65%	5 90%

The benefits expected to be paid in each year from 2012 to 2016 are $8,409, $4,639, $4,654, $4,498, and $6,055, respectively The aggregate benefits expected to be paid in the five years from 2017 to 2021 are $34,029 The expected benefits to be paid are based on the same assumptions used to measure Alegent's benefit obligation at June 30, 2011 and include estimated employee service

Alegent expects to contribute $5,300 to the defined benefit portion of its retirement plan in fiscal year 2012

(7) 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 Alegent 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	$ 143,275	$ 141,156	$ 2,119	$ —
Assets limited as to use				
Cash and cash equivalents	4,338	69	4,269	—
Investment funds	18	—	18	—
Corporate and asset-backed securities	275	—	275	—
Other	1,910	—	1,910	—
Total	$ 149,816	$ 141,225	$ 8,591	$ —

(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	$ 67,417	$ 64,471	$ 2,946	$ —
Assets limited as to use				
Cash and cash equivalents	9,016	133	8,883	—
Investment funds	266	—	266	—
Corporate and asset-backed securities	160	—	160	—
Other	1,606	80	1,526	—
Total	$ 78,465	$ 64,684	$ 13,781	$ —

For the year ended June 30, 2011, Alegent did not have nonfinancial assets or nonfinancial liabilities, which require measurement at fair value on a nonrecurring basis in accordance with ASC Topic 820 except for certain long-lived assets and goodwill which were valued at $0 after recognizing an impairment loss of $7,097 utilizing discounted cash flow analyses (Level 3) For the year ended June 30, 2010, Alegent had an investment in a joint venture valued at $3,262, which was a Level 3 valuation for which Alegent obtained an independent appraisal

(8) Concentrations of Credit Risk

Alegent 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 approximated the following

	2011	2010
Medicare	32%	31%
Medicaid	16	15
Managed care	31	34
Self-pay	20	18
Commercial and other	1	2
	100%	100%

(9) Insurance Programs

Alegent is currently insured under an occurrence-based trust for its hospital professional and general liability insurance coverage, which expires July 1, 2012 The policy provides for a deductible of $2,000 per

occurrence, with annual aggregates of $4,000 for general liability and $6,000 for hospital professional liability. In addition, Alegent 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. Alegent has established reserves for possible losses on both asserted and unasserted claims based upon an independent actuarial study.

Alegent participates 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 claims amounts in excess of $400 and $450 up to each state's statutory requirements. Alegent has established reserves for possible losses on both asserted and unasserted claims based upon an independent actuarial study.

Alegent is also self-insured under its employee group health and dental programs up to certain limits. Included in the accompanying combined 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 Alegent 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 combined financial statements.

(10) Deferred Compensation Plans

Alegent has entered into deferred compensation agreements with certain physicians and employees. Funds set aside under such plans are invested in various annuities and marketable securities. These assets, which are owned by Alegent, are included in the accompanying combined balance sheets as investments held for deferred compensation and are stated at fair value. The amount payable under the plans as of June 30, 2011 and 2010 is reflected as payable under deferred compensation plans in the accompanying combined balance sheets.

(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 Alegent is in compliance with government laws and regulations as they apply to the areas of fraud and abuse.

(Continued)

(12) Functional Expenses

Alegent provides health care services primarily to residents within its geographic location Expenses included in the combined 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	$ 894,992	$ 930,752
General and administrative	104,443	121,498
Total operating expenses	$ 999,435	$ 1,052,250

(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 anticipated to be funded through a combination of operating cash flows, investments, long-term debt, and philanthropy Total Generation Patient expenditures are projected to approximate $400,000 and 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

Alegent 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 combined balance sheets

	2011	2010
Investment in joint ventures		
Nebraska Spine Hospital, LLC	$ 16,228	$ 387
Memorial Community Hospital Corporation and Affiliate	6,878	5,992
Lakeside Surgery Center, LLC	3,701	3,557
Prairie Health Ventures, LLC	2,595	2,006
Other	833	3,471
Total investment in joint ventures	$ 30,235	$ 15,413

(Continued)

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	$ 93,646	$ 55,618
Total liabilities	$ 31,659	$ 28,016
Net assets	61,987	27,602
Total liabilities and net assets	$ 93,646	$ 55,618
Results of operations		
Revenue	$ 79,094	$ 46,782
Change in equity	34,385	731

Total equity in income of joint ventures was $7,429 and $2,463 in 2011 and 2010, respectively

(15) Subsequent Events

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

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Balance Sheet Information

June 30, 2011

(Amounts in thousands)

Assets	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Current assets							
Cash and cash equivalents	$ 23,870	$ —	$ 2	$ 165	$ 86	$ —	$ 24,123
Patient accounts receivable	1,884	—	9,803	13,868	23,319	—	48,874
Less allowance for uncollectible accounts	220	—	4,719	5,597	8,175	—	18,711
Net patient accounts receivable	1,664	—	5,084	8,271	15,144	—	30,163
Intercorporate receivable	3,531	—	31,555	—	125,555	(160,641)	—
Other accounts receivable	535	—	2	186	10	—	733
Inventories	190	—	1,786	451	2,908	—	5,335
Prepaid expenses	7,612	—	—	327	101	—	8,040
Total current assets	37,402	—	38,429	9,400	143,804	(160,641)	68,394
Assets limited as to use							
Long-term investments	—	14,731	—	—	—	—	14,731
Other investments	3,546	945	—	—	—	—	4,491
Total assets limited as to use	3,546	15,676	—	—	—	—	19,222
Property and equipment							
Land	5,674	—	2,263	—	6,933	—	14,870
Land improvements	503	—	1,396	87	7,003	—	8,989
Buildings and improvements	50,069	27	104,789	3,907	132,327	—	291,119
Equipment	183,749	96	32,530	9,334	42,579	—	268,288
Construction in progress	8,653	—	296	3,435	117	—	12,501
	248,648	123	141,274	16,763	188,959	—	595,767
Less accumulated depreciation	155,021	68	63,876	9,134	57,232	—	285,331
Property and equipment, net	93,627	55	77,398	7,629	131,727	—	310,436
Other assets							
Property held for investment or future expansion	2,564	—	—	—	1,860	—	4,424
Investment in joint ventures	15,920	—	—	—	4,586	—	20,506
Investments held for deferred compensation plans	2,591	—	—	—	—	—	2,591
Other assets	2,759	—	22	4	20	—	2,805
Total other assets	23,834	—	22	4	6,466	—	30,326
Total assets	$ 158,409	$ 15,731	$ 115,849	$ 17,033	$ 281,997	$ (160,641)	$ 428,378

(Continued)

Exhibit I

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Balance Sheet Information

June 30, 2011

(Amounts in thousands)

Liabilities and Net Assets	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Current liabilities							
Current portion of long-term debt	$ 4,153	$ —	$ 1,806	$ —	$ 2,050	$ —	$ 8,009
Accounts payable	16,369	—	990	8	2,390	—	19,757
Accrued salaries, wages, and benefits	55,796	—	57	8,521	90	—	64,464
Accrued vacation and sick leave	34,826	—	—	—	—	—	34,826
Intercorporate payable	—	2,053	—	158,588	—	(160,641)	—
Estimated third-party payor settlements	—	—	1,523	—	39	—	1,562
Other liabilities and accrued expenses	25,369	7	522	185	938	—	27,021
Line of credit	—	—	—	—	—	—	—
Total current liabilities	136,513	2,060	4,898	167,302	5,507	(160,641)	155,639
Long-term debt, net of current portion	3,547	—	55,483	—	76,525	—	135,555
Other long-term liabilities	4,470	—	188	—	—	—	4,658
Liability for pension benefits	32,162	—	—	—	—	—	32,162
Payable under deferred compensation plans	—	—	—	46	—	—	46
Total liabilities	176,692	2,060	60,569	167,348	82,032	(160,641)	328,060
Net assets							
Unrestricted	(18,283)	4,961	55,280	(150,315)	199,965	—	91,608
Temporarily restricted	—	5,128	—	—	—	—	5,128
Permanently restricted	—	3,582	—	—	—	—	3,582
Total net assets	(18,283)	13,671	55,280	(150,315)	199,965	—	100,318
Total liabilities and net assets	$ 158,409	$ 15,731	$ 115,849	$ 17,033	$ 281,997	$ (160,641)	$ 428,378

See accompanying independent auditors' report

ALEGENT HEALTH AND RELATED ENTITIES

Combining Balance Sheet Information

June 30, 2011

(Amounts in thousands)

Assets	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Current assets					
Cash and cash equivalents	$ 53,637	$ 65,515	$ 24,123	$ —	$ 143,275
Patient accounts receivable	79,921	41,808	48,874	—	170,603
Less allowance for uncollectible accounts	30,474	18,279	18,711	—	67,464
Net patient accounts receivable	49,447	23,529	30,163	—	103,139
Intercorporate receivable	2,585	—	—	(2,585)	—
Other accounts receivable	1,558	1,706	733	—	3,997
Inventories	10,299	3,946	5,335	—	19,580
Prepaid expenses	140	231	8,040	—	8,411
Total current assets	117,666	94,927	68,394	(2,585)	278,402
Assets limited as to use					
Long-term investments	231,958	321,284	14,731	—	567,973
Other investments	2,212	783	4,491	—	7,486
Total assets limited as to use	234,170	322,067	19,222	—	575,459
Property and equipment					
Land	3,349	1,911	14,870	—	20,130
Land improvements	12,418	8,496	8,989	—	29,903
Buildings and improvements	395,373	231,887	291,119	—	918,379
Equipment	183,254	90,028	268,288	—	541,570
Construction in progress	7,286	2,680	12,501	—	22,467
	601,680	335,002	595,767	—	1,532,449
Less accumulated depreciation	295,807	186,759	285,331	—	767,897
Property and equipment, net	305,873	148,243	310,436	—	764,552
Other assets					
Property held for investment or future expansion	—	159	4,424	—	4,583
Investment in Alegent Health	50,159	50,159	—	(100,318)	—
Investment in joint ventures	250	9,479	20,506	—	30,235
Investments held for deferred compensation plans	—	—	2,591	—	2,591
Other assets	53	40	2,805	(2,750)	148
Total other assets	50,462	59,837	30,326	(103,068)	37,557
Total assets	$ 708,171	$ 625,074	$ 428,378	$ (105,653)	$ 1,655,970

(Continued)

Exhibit I

ALEGENT HEALTH AND RELATED ENTITIES

Combining Balance Sheet Information

June 30, 2011

(Amounts in thousands)

Liabilities and Net Assets	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Current liabilities					
Current portion of long-term debt	$ 6,222	$ 4,357	$ 8,009	$ —	$ 18,588
Accounts payable	3,826	2,197	19,757	—	25,780
Accrued salaries, wages, and benefits	649	580	64,464	—	65,693
Accrued vacation and sick leave	157	—	34,826	—	34,983
Intercorporate payable	—	2,585	—	(2,585)	—
Estimated third-party payor settlements	4,242	5,418	1,562	—	11,222
Other liabilities and accrued expenses	6,737	3,480	27,021	—	37,238
Total current liabilities	21,833	18,617	155,639	(2,585)	193,504
Long-term debt, net of current portion	173,898	130,275	135,555	(2,750)	436,978
Other long-term liabilities	3,481	1,202	4,658	—	9,341
Liability for pension benefits	—	—	32,162	—	32,162
Payable under deferred compensation plans	—	—	46	—	46
Total liabilities	199,212	150,094	328,060	(5,335)	672,031
Net assets					
Unrestricted	503,561	470,148	91,608	(91,608)	973,709
Temporarily restricted	3,607	2,785	5,128	(5,128)	6,392
Permanently restricted	1,791	2,047	3,582	(3,582)	3,838
Total net assets	508,959	474,980	100,318	(100,318)	983,939
Total liabilities and net assets	$ 708,171	$ 625,074	$ 428,378	$ (105,653)	$ 1,655,970

See accompanying independent auditors' report

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Statement of Operations Information

Year ended June 30, 2011

(Amounts in thousands)

	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Unrestricted revenues, gains, and other support							
Gross patient charges							
Inpatient charges	$ 381	$ —	$ 63,097	$ —	$ 204,933	$ —	$ 268,411
Outpatient charges	15,879	—	94,139	125,795	158,266	—	394,079
	16,260	—	157,236	125,795	363,199	—	662,490
Less							
Deductions from gross patient charges							
Contractual adjustments and other	8,040	—	99,243	30,820	222,118	—	360,221
Net patient service revenue	8,220	—	57,993	94,975	141,081	—	302,269
Cafeteria, building rental, sales to nonpatients, and other	16,072	1,276	2,424	2,808	8,019	(14,618)	15,981
Total revenues, gains, and other support	24,292	1,276	60,417	97,783	149,100	(14,618)	318,250
Operating expenses							
Salaries and wages	72,443	483	16,711	27,194	34,290	(48,899)	102,222
Employee benefits	22,866	74	4,378	7,264	9,074	(14,630)	29,026
Supplies	3,355	13	7,748	5,418	22,012	(1,124)	37,422
Intercorporate services	(158,132)	—	10,451	11,871	21,397	114,413	—
Purchased services	30,579	150	3,868	8,244	6,631	(22,511)	26,961
Professional services	8,258	—	1,404	57,316	2,943	(4,154)	65,767
Provision for bad debts	54	—	4,633	6,625	6,811	—	18,123
Other expenses	22,752	91	344	2,114	(3,059)	(17,079)	5,163
Loss on impairment	7,097	—	—	—	—	—	7,097
Depreciation and amortization	22,743	10	7,078	1,931	10,573	(15,266)	27,069
Rentals and leases	4,267	2	967	6,753	4,657	(5,363)	11,283
Interest	397	—	2,580	—	3,340	(5)	6,312
Total operating expenses	36,679	823	60,162	134,730	118,669	(14,618)	336,445
Operating income (loss)	(12,387)	453	255	(36,947)	30,431	—	(18,195)
Other income							
Interest and investment income	110	—	7	—	15	—	132
Equity in income of investment limited partnership	—	1,337	—	—	—	—	1,337
Other, net	171	—	—	—	—	—	171
Total other income	281	1,337	7	—	15	—	1,640
Excess (deficiency) of revenues over expenses	(12,106)	1,790	262	(36,947)	30,446	—	(16,555)
Other changes in unrestricted net assets							
Contributions for the purchase of property and equipment	125	—	166	—	—	—	291
Liability for pension benefits adjustment	11,666	—	—	—	—	—	11,666
Transfers (to) from other Alegent affiliates	78,719	—	—	—	—	—	78,719
Other	234	(120)	—	—	—	—	114
Increase (decrease) in unrestricted net assets	$ 78,638	$ 1,670	$ 428	$ (36,947)	$ 30,446	$ —	$ 74,235

See accompanying independent auditors' report

ALEGENT HEALTH AND RELATED ENTITIES

Combining Statement of Operations Information

Year ended June 30, 2011

(Amounts in thousands)

	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Unrestricted revenues, gains, and other support					
Gross patient charges					
Inpatient charges	$ 722,397	$ 330,192	$ 268,411	$ —	$ 1,321,000
Outpatient charges	519,345	240,173	394,079	—	1,153,597
	1,241,742	570,365	662,490	—	2,474,597
Less					
Deductions from gross patient charges					
Contractual adjustments and other	789,835	347,568	360,221	278	1,497,902
Net patient service revenue	451,907	222,797	302,269	(278)	976,695
Cafeteria, building rental, sales to nonpatients, and other	40,682	13,593	15,981	(23,986)	46,270
Total revenues, gains, and other support	492,589	236,390	318,250	(24,264)	1,022,965
Operating expenses (income)					
Salaries and wages	164,680	95,469	102,222	(1,261)	361,110
Employee benefits	45,824	26,671	29,026	(123)	101,398
Supplies	83,385	31,863	37,422	(1,008)	151,662
Purchased services	43,508	27,011	26,961	(16,317)	81,163
Professional services	19,421	17,397	65,767	(4)	102,581
Provision for bad debts	29,225	11,589	18,123	—	58,937
Other expenses	15,310	7,729	5,163	(65)	28,137
Gain on sale of spine operations	—	(18,692)	—	—	(18,692)
Loss on impairment	—	—	7,097	—	7,097
Depreciation and amortization	40,850	20,830	27,069	(61)	88,688
Rentals and leases	8,124	4,761	11,283	(5,425)	18,743
Interest	6,794	5,505	6,312	—	18,611
Equity in operating income of Alegent Health	9,098	9,097	—	(18,195)	—
Total operating expenses	466,219	239,230	336,445	(42,459)	999,435
Operating income (loss)	26,370	(2,840)	(18,195)	18,195	23,530
Other income (loss)					
Interest and investment income	254	120	132	—	506
Equity in income of investment limited partnership	33,647	52,038	1,337	—	87,022
Other, net	(111)	—	171	—	60
Equity in other income of Alegent Health	820	820	—	(1,640)	—
Total other income, net	34,610	52,978	1,640	(1,640)	87,588
Excess (deficiency) of revenues over expenses, before joint operating agreement adjustment	60,980	50,138	(16,555)	16,555	111,118
Joint operating agreement adjustment	(19,785)	19,785	—	—	—
Excess (deficiency) of revenues over expenses	41,195	69,923	(16,555)	16,555	111,118
Other changes in unrestricted net assets					
Contributions for the purchase of property and equipment	39	128	291	—	458
Joint operating agreement adjustment – capital expenditures	17,406	(17,406)	—	—	—
Liability for pension benefits adjustment	—	—	11,666	—	11,666
Transfers (to) from other Alegent affiliates	(39,360)	(39,359)	78,719	—	—
Equity in other changes in unrestricted net assets of Alegent Health	45,395	45,395	—	(90,790)	—
Other	175	219	114	—	508
Increase in unrestricted net assets	$ 64,850	$ 58,900	$ 74,235	$ (74,235)	$ 123,750

See accompanying independent auditors' report

ALEGENT HEALTH AND RELATED ENTITIES

Consolidating Statement of Changes in Net Assets Information

Year ended June 30, 2011

(Amounts in thousands)

	Alegent Health	Alegent Health—Foundation	Alegent Health—Midlands Community Hospital	Alegent Health Clinic	Alegent Health—Lakeside Hospital	Eliminations	Alegent Health and Affiliates Consolidated
Unrestricted							
Balance, June 30, 2010	$ (96,921)	$ 3,291	$ 54,852	$ (113,368)	$ 169,519	$ —	$ 17,373
Excess (deficiency) of revenues over expenses	(12,106)	1,790	262	(36,947)	30,446	—	(16,555)
Contributions for the purchase of property and equipment	125	—	166	—	—	—	291
Liability for pension benefits adjustment	11,666	—	—	—	—	—	11,666
Transfers (to) from other Alegent affiliates	78,719	—	—	—	—	—	78,719
Other	234	(120)	—	—	—	—	114
Increase (decrease) in unrestricted net assets	78,638	1,670	428	(36,947)	30,446	—	74,235
Balance, June 30, 2011	$ (18,283)	$ 4,961	$ 55,280	$ (150,315)	$ 199,965	$ —	$ 91,608
Temporarily restricted							
Balance, June 30, 2010	$ —	$ 4,219	$ —	$ —	$ —	$ —	$ 4,219
Restricted interest and investment income, net	—	379	—	—	—	—	379
Net assets released from restrictions for use in operations	—	(667)	—	—	—	—	(667)
Change in unrealized gains on investments, net	—	567	—	—	—	—	567
Contributions restricted by donor	—	742	—	—	—	—	742
Other	—	(112)	—	—	—	—	(112)
Increase in temporarily restricted net assets	—	909	—	—	—	—	909
Balance, June 30, 2011	$ —	$ 5,128	$ —	$ —	$ —	$ —	$ 5,128
Permanently restricted							
Balance, June 30, 2010	$ —	$ 3,581	$ —	$ —	$ —	$ —	$ 3,581
Contributions restricted by donor	—	1	—	—	—	—	1
Increase in permanently restricted net assets	—	1	—	—	—	—	1
Balance, June 30, 2011	$ —	$ 3,582	$ —	$ —	$ —	$ —	$ 3,582

See accompanying independent auditors' report

ALEGENT HEALTH AND RELATED ENTITIES

Combining Statement of Changes in Net Assets Information

Year ended June 30, 2011

(Amounts in thousands)

	Alegent Health—Bergan Mercy Health System and Affiliates Consolidated	Alegent Health—Immanuel Medical Center and Affiliates Consolidated	Alegent Health and Affiliates Consolidated	Eliminations	Alegent Health and Related Entities Combined
Unrestricted					
Balance, June 30, 2010	$ 438,711	$ 411,248	$ 17,373	$ (17,373)	$ 849,959
Excess (deficiency) of revenues over expenses	41,195	69,923	(16,555)	16,555	111,118
Contributions for the purchase of property and equipment	39	128	291	—	458
Joint operating agreement adjustment – capital expenditures	17,406	(17,406)	—	—	—
Liability for pension benefits adjustment	—	—	11,666	—	11,666
Transfers (to) from other Alegent affiliates	(39,360)	(39,359)	78,719	—	—
Equity in other changes in unrestricted net assets of Alegent Health	45,395	45,395	—	(90,790)	—
Other	175	219	114	—	508
Increase in unrestricted net assets	64,850	58,900	74,235	(74,235)	123,750
Balance, June 30, 2011	$ 503,561	$ 470,148	$ 91,608	$ (91,608)	$ 973,709
Temporarily restricted					
Balance, June 30, 2010	$ 3,151	$ 2,445	$ 4,219	$ (4,219)	$ 5,596
Restricted interest and investment income, net	—	—	379	—	379
Net assets released from restrictions for use in operations	(27)	(93)	(667)	—	(787)
Change in unrealized gains and losses on investments, net	—	21	567	—	588
Contributions restricted by donor	28	30	742	—	800
Equity in other changes in temporarily restricted net assets of Alegent Health	455	454	—	(909)	—
Other	—	(72)	(112)	—	(184)
Increase in temporarily restricted net assets	456	340	909	(909)	796
Balance, June 30, 2011	$ 3,607	$ 2,785	$ 5,128	$ (5,128)	$ 6,392
Permanently restricted					
Balance, June 30, 2010	$ 1,791	$ 1,792	$ 3,581	$ (3,581)	$ 3,583
Contributions restricted by donor	—	254	1	—	255
Equity in other changes in permanently restricted net assets of Alegent Health	—	1	—	(1)	—
Increase in permanently restricted net assets	—	255	1	(1)	255
Balance, June 30, 2011	$ 1,791	$ 2,047	$ 3,582	$ (3,582)	$ 3,838

See accompanying independent auditors' report

Additional Data

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

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			
ERIC GURLEY DIRECTOR	4 00	X						0	0	0
JOHN HEWITT CHAIR	6 00	X		X				0	0	0
H KEITH SCHMODE DIRECTOR	4 00	X						18,500	0	0
LESLIE ANDERSEN DIRECTOR	4 00	X						0	0	0
MARTIN MANCUSO MD DIRECTOR	4 00	X						18,500	0	0
MICHAEL DEFREECE VICE CHAIR	6 00	X		X				0	0	0
PAUL EDGETT III DIRECTOR	4 00	X						0	0	0
SR LILLIAN MURPHY RSM DIRECTOR	4 00	X						0	0	0
RICHARD VIERK DIRECTOR	4 00	X						26,500	0	0
ANTHONY HATCHER DO SECRETARY/TREASURER	6 00	X		X				26,500	404,177	31,545
GUILLERMO HUERTA MD DIRECTOR	4 00	X						0	0	0
ANTOINETTE HARDY-WALLER RN DIRECTOR	4 00	X						17,500	0	0
RICHARD HACHTEN II PRESIDENT & CEO	12 00			X				215,290	834,189	278,627
MARTIN HICKEY MD SVP/CEO CLINICS	12 00			X				148,580	575,704	205,555
JOAN NEUHAUS SVP/COO	12 00			X				96,205	372,766	324,164
KENNETH LAWONN SVP/STRATEGY AND TECHNOLOGY	12 00			X				90,984	352,537	134,712
SCOTT WOOTEN SVP/CFO	12 00			X				110,935	429,844	136,618
LARRY BROWN MD AHC-INTERIM CEO	30 00			X				190,426	190,425	51,034
RICK MILLER MD SVP/CHEIF QUALITY OFFICER	12 00			X				22,162	85,872	388,614
RICHARD ROLSTON MD AHC-PRESIDENT & CEO	12 00			X				0	0	0
SHEREE KEELY VP-BEHAVIORAL HEALTH SVC	12 00				X			36,794	142,561	39,094
ELIZABETH LLEWELLYN VP-MISSION INTEGRATION	12 00				X			44,618	172,888	43,049
PATRICIA MASEK VP-MEDICAL AFFAIRS	12 00				X			38,007	147,270	65,673
FRANK EMSICK VP-CONSTRUCTION	12 00				X			42,987	166,563	47,892
PAUL EBMEIER COO-AHC	12 00				X			69,101	267,751	52,953

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			
CINDY ALLOWAY COO-LAKESIDE HOSPITAL	12 00				X			67,157	260,219	100,296
KEVIN NOKELS COO-MIDLANDS HOSPITAL	12 00				X			62,070	240,503	74,473
JAYNE MCCORMICK MD MEDICAL DIRECTOR	60 00				X			293,885	0	5,594
JANE CARMODY SVP/CNO	12 00				X			53,025	205,453	376,202
NANCY WALLACE VP-HUMAN RESOURCES	12 00				X			46,423	179,879	357,417
KRISHAN ARIYARATHNA MD PHYSICIAN	60 00					X		344,274	0	35,551
MARIE KNEDLER COO-MERCY HOSPITAL	12 00					X		75,782	293,632	153,276
STEPHEN BUDD MD PHYSICIAN	60 00					X		286,845	0	27,167
ANN SCHUMACHER COO-IMC	12 00					X		66,656	258,269	75,876
DARREN SPLONSKOWSKI MD PHYSICIAN	60 00					X		292,552	0	33,571
AMY PROTEXTER FORMER SVP/MARKETING & COMM							X	51,145	198,172	9,793
MARK KESTNER MD FORMER SVP/CMO							X	113,604	440,185	7,402
FRED HOSLER MD FORMER SVP/CMO							X	165,427	640,985	7,239
PATRICIA NADLE FORMER SVP/CNO							X	50,790	196,796	4,772
MARGARET BREEN FORMER SVP/HUMAN RESOURCES							X	56,226	217,864	5,445
THEODORE SCHWAB FORMER SVP/CIO							X	47,635	184,575	1,258
WAYNE SENSOR FORMER CEO							X	463,299	1,795,160	13,511
ANN JONES FORMER VP-ONCOLOGY SVC							X	0	0	0
DAVID TEW FORMER COO-BMMC							X	36,928	143,087	1,338
MICHAEL ANDERSON FORMER VP-BEHAVIORAL HS							X	32,902	127,485	0

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

4d. Other program services

(Code) (Expenses $ 150,223,242 including grants of $ 1,232,207) (Revenue $ 24,401,932)

ALEGENT HEALTH GIVES BACK TO OUR COMMUNITY THROUGH A VARIETY OF MEDICAL SERVICES AND PARTNERSHIPS ALEGENT HEALTH QUICK CARE PROVIDES URGENT MEDICAL TREATMENTS, SCREENINGS AND ADULT IMMUNIZATIONS FOR PATIENTS 18 MONTHS AND OLDER THROUGH OUR COLLABORATION WITH OTHER LOCAL COMMUNITY ORGANIZATIONS SUCH AS BOYS TOWN, CREIGHTON UNIVERSITY, OUR HEALTHY COMMUNITY PARTNERSHIP AND ONE WORLD COMMUNITY HEALTH CENTER, ALEGENT HEALTH IS HELPING TO IDENTIFY AND ADDRESS COMMUNITY HEALTH NEEDS IN ADDITION, ALEGENT HEALTH ALSO PROVIDES THE FOLLOWING SERVICES MATERNITY CARE SERVICES, MENTAL AND BEHAVIORAL HEALTH CARE, ONCOLOGY, PROCEDURE CENTER AND INPATIENT FACILITIES INCLUDING INTENSIVE CARE