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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Doing Business As

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

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

D Employer identification number
47-0376615

E Telephone number
(402) 343-4323

G Gross receipts $ 286,589,031

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ALEGENTCREIGHTON COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1904 | **M** State of legal domicile NE

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,905
6	Total number of volunteers (estimate if necessary)	**6**	398
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	177,124
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	50,154

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	521,944	158,696
	9 Program service revenue (Part VIII, line 2g)	217,799,831	219,578,766
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,502,007	24,782,403
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,955,969	40,419,729
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	288,779,751	284,939,594
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,450,502	21,877,790
	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)	115,924,692	115,576,440
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	111,456,033	107,233,926
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	248,831,227	244,688,156
	19 Revenue less expenses Subtract line 18 from line 12	39,948,524	40,251,438

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	593,611,626	617,826,265
	21 Total liabilities (Part X, line 26)	146,737,325	151,030,035
	22 Net assets or fund balances Subtract line 21 from line 20	446,874,301	466,796,230

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 — 2013-05-13 Date

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

Paid Preparer's Use Only

Preparer's signature ▶ ANGELA LEA	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P01051055
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALEGENT CREIGHTON HEALTH 12809 W DODGE ROAD OMAHA, NE 68154			EIN ▶ 47-0757164 Phone no ▶ (402) 343-4413

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 13,654,830 including grants of $ 7,688,825) (Revenue $ 88,554,155)

ALEGENT HEALTH-IMMANUEL MEDICAL CENTER CANCER SUPPORT AND DIAGNOSTIC TEAM IS COMPRISED OF A GROUP OF HEALTHCARE PROFESSIONALS WHO WORK TOGETHER IN A VARIETY OF WAYS TO HELP THE PATIENT AND FAMILY COPE WITH CANCER EACH ONE OF THE PHYSICIANS ARE EQUIPPED TO DIAGNOSE AND AGGRESSIVELY TREAT CANCER AND GET PATIENTS BACK TO THERE LIFE AS SOON AS POSSIBLE INDIVIDUAL TEAM MEMBERS INCLUDE CANCER SUPPORT SERVICE SPECIALISTS, MEDICAL SOCIAL WORKERS, CANCER REHABILITATION SPECIALIST, PASTORAL SERVICES, DIETITIANS, ONCOLOGY NURSE NAVIGATORS, HOSPICE & HOME CARE SERVICES, INPATIENT NURSING SERVICES, RADIATION ONCOLOGY, AND VOLUNTEER SERVICES

4b (Code) (Expenses $ 22,915,388 including grants of $ 4,918,127) (Revenue $ 56,649,531)

ALEGENT HEALTH IMMANUEL MEDICAL CENTER MENTAL HEALTH PHYSICIANS ARE UNIQUE IN THEIR CARE-GIVING APPROACH TO EMOTIONAL AND BEHAVIORAL PROBLEMS OF CHILDREN, ADOLESCENTS, ADULTS AND SENIORS PHYSICIANS PROVIDE THE MOST APPROPRIATE CARE AT THE LEVEL OF SERVICE THAT EACH PATIENT NEEDS OUTPATIENT AND INPATIENT BEHAVIORAL SERVICE PROGRAMS ARE PROVIDED RECENTLY, IMMANUEL MEDICAL CENTER BUILT THE RESIDENTIAL TREATMENT CENTER THIS NEW STATE OF THE ART FACILITY FEATURES 20 PRIVATE ROOMS FOR BOYS AND GIRLS BETWEEN THE AGES OF SIX AND EIGHTEEN YEARS OF AGE

4c (Code) (Expenses $ 17,961,901 including grants of $ 4,802,175) (Revenue $ 55,313,730)

ALEGENT HEALTH-IMMANUEL MEDICAL CENTER REHABILITATION CENTER PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT PROGRAMS FOR INDIVIDUALS OF ALL AGES THE REHABILITATION CENTER IS THE REGION'S MOST COMPREHENSIVE CENTER FOR PHYSICAL MEDICINE AND REHABILITATION, OFFERING PATIENTS SOME OF THE MOST ADVANCED REHABILITATIVE TECHNOLOGY IMMANUEL REHABILITATION CENTER HAS RECEIVED THE HIGHEST LEVEL OF ACCREDITATION AWARDED BY THE JOINT COMMISSION AND BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) AT EVERY LEVEL OF CARE, A TEAM OF LICENSED AND CERTIFIED REHABILITATION PROFESSIONALS ARE AVAILABLE EACH ONE OF THE REHABILITATION PROGRAMS ARE DESIGNED TO MAXIMIZE INDEPENDENCE AND QUALITY OF LIFE

(Code) (Expenses $ 168,883,574 including grants of $ 4,468,663) (Revenue $ 51,454,675)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 168,883,574 including grants of $ 4,468,663) (Revenue $ 51,454,675)

4e **Total program service expenses** ▶ $ 223,415,693

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**		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**	74		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,905			
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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)**								3,737,445	7,618,471	2,775,487

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 74

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CASSLING DIAGNOSTIC IMAGING INC 13808 F STREET OMAHA, NE 68137	DIAGNOSTIC IMAGING SERVICES	915,065
NORTHWEST ANESTHESIA PC 6901 N 72ND STREET OMAHA, NE 68122	ANESTHESIA SERVICES	467,149
AMERITEX SERVICES 1321 SOUTH 20TH STREET OMAHA, NE 68108	LAUNDRY SERVICES	383,612
GROUNDSCAPES INC 6118 OHERN STREET OMAHA, NE 68117	LANDSCAPING	279,160
DIALYSIS CLINIC INC 3316 DODGE STREET OMAHA, NE 68164	DIALYSIS	270,740

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 17

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	56,600			
	c	Fundraising events	1c	45,043			
	d	Related organizations	1d	9,323			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,730			
	g	Noncash contributions included in lines 1a-1f $ 48,156					
	h	**Total.** Add lines 1a-1f		158,696			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REV	621500	209,159,075	209,159,075		
	b	REIMBURSABLE-AFFILIATE	621990	5,457,136	2,488,326		2,968,810
	c	MEANINGFUL USE	900099	2,565,710	2,565,710		
	d	HOSPITAL PHARMACY	446110	1,667,205			1,667,205
	e	FOOD & NUTRITION	722320	621,859			621,859
	f	All other program service revenue		107,781	107,781		
	g	**Total.** Add lines 2a–2f		219,578,766			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		13,634,054			13,634,054
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	2,696,345				
	b	Less rental expenses	1,191,916				
	c	Rental income or (loss)	1,504,429				
	d	Net rental income or (loss)		1,504,429			1,504,429
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	10,954,755 / 267,509				
	b	Less cost or other basis and sales expenses	0 / 73,915				
	c	Gain or (loss)	10,954,755 / 193,594				
	d	Net gain or (loss)		11,148,349			11,148,349
	8a	Gross income from fundraising events (not including $ 45,043 of contributions reported on line 1c) See Part IV, line 18	a 95,302				
	b	Less direct expenses	b 81,115				
	c	Net income or (loss) from fundraising events		14,187			14,187
	9a	Gross income from gaming activities See Part IV, line 19	a 10,000				
	b	Less direct expenses	b 7,670				
	c	Net income or (loss) from gaming activities		2,330			2,330
	10a	Gross sales of inventory, less returns and allowances	a 371,151				
	b	Less cost of goods sold	b 294,821				
	c	Net income or (loss) from sales of inventory		76,330			76,330
		Miscellaneous Revenue	Business Code				
	11a	JOA SETTLEMENTS	812300	32,737,000	32,737,000		
	b	REIMBURSED SERVICES	621990	2,852,551	2,852,551		
	c	MISC OPERATING REV	561499	2,235,103	2,061,648	173,455	
	d	All other revenue		997,799		3,669	994,130
	e	**Total.** Add lines 11a–11d		38,822,453			
	12	**Total revenue.** See Instructions		284,939,594	251,972,091	177,124	32,631,683

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)

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

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 United States See Part IV, line 21	16,278	16,278		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	21,861,512	21,861,512		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,313,152	1,156,576	1,156,576	
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	89,297,372	80,367,635	8,929,737	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,021,732	3,619,558	402,174	
9	Other employee benefits	14,815,983	13,334,385	1,481,598	
10	Payroll taxes	5,128,201	4,615,381	512,820	
11	Fees for services (non-employees)				
a	Management				
b	Legal	480,127		480,127	
c	Accounting	11,800		11,800	
d	Lobbying	18,646	18,646		
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,029,650		1,029,650	
g	Other	4,902,632	4,881,179	21,453	
12	Advertising and promotion	8,740	7,866	874	
13	Office expenses	27,354,668	24,619,201	2,735,467	
14	Information technology				
15	Royalties . .				
16	Occupancy	6,582,288	5,924,059	658,229	
17	Travel	122,980	110,682	12,298	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	71,294	64,165	7,129	
20	Interest	5,570,523	5,570,523		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,926,066	17,033,459	1,892,607	
23	Insurance	831,422	831,422		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASED SERVICES	18,746,862	16,872,176	1,874,686	
b	BAD DEBTS	14,303,346	14,303,346		
c	MANAGEMENT ALLOCATIONS	7,362,712	7,362,712		
d	TAXES AND LICENSES	437,445	393,700	43,745	
e					
f	All other expenses	472,725	451,232	21,493	
25	**Total functional expenses.** Add lines 1 through 24f	244,688,156	223,415,693	21,272,463	0
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	735,745	1	329,410
	2	Savings and temporary cash investments	50,158,053	2	67,162,725
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,437,399	4	23,282,864
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,227,004	8	2,521,225
	9	Prepaid expenses and deferred charges	230,776	9	314,776
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 315,669,075			
	b	Less accumulated depreciation — 10b: 179,731,371	140,596,969	10c	135,937,704
	11	Investments—publicly traded securities	317,547,773	11	348,529,930
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	59,638,068	13	39,747,631
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	39,839	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	593,611,626	16	617,826,265
Liabilities	17	Accounts payable and accrued expenses	5,794,560	17	6,209,395
	18	Grants payable		18	
	19	Deferred revenue	666,106	19	547,360
	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	132,888,865	23	128,603,611
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,387,794	25	15,669,669
	26	**Total liabilities.** Add lines 17 through 25	146,737,325	26	151,030,035
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	442,337,788	27	461,744,717
	28	Temporarily restricted net assets	2,745,513	28	3,260,513
	29	Permanently restricted net assets	1,791,000	29	1,791,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	446,874,301	33	466,796,230
	34	Total liabilities and net assets/fund balances	593,611,626	34	617,826,265

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	284,939,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,688,156
3	Revenue less expenses Subtract line 2 from line 1	3	40,251,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	446,874,301
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-20,329,509
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	466,796,230

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

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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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

2011

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, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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	▶ $	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ $	
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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	18,464	193,039
c Total lobbying expenditures (add lines 1a and 1b)	18,464	193,039
d Other exempt purpose expenditures	223,397,229	410,490,746
e Total exempt purpose expenditures (add lines 1c and 1d)	223,415,693	410,683,785
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	176,941	262,701	106,741	193,039	739,422
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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	3,218,021	2,938,870	2,665,977	2,688,014	
b	Contributions	176,396	5,001	126,695	800,115	
c	Investment earnings or losses	143,624	464,742	298,938	-448,721	
d	Grants or scholarships	4,500	6,642	9,996	3,875	
e	Other expenditures for facilities and programs	47,114	183,950	142,744	369,556	
f	Administrative expenses					
g	End of year balance	3,486,427	3,218,021	2,938,870	2,665,977	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 35 000 %
- c Term endowment ▶ 65 000 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,800,312		1,800,312
b Buildings		148,140,748	73,139,638	75,001,110
c Leasehold improvements		479,327	376,975	102,352
d Equipment		153,740,373	101,602,264	52,138,109
e Other		11,508,315	4,612,494	6,895,821
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				135,937,704

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN MCH HEALTH SYSTEM	7,772,073	C
(2) INVESTMENT IN ALEGENT HEALTH	27,850,000	C
(3) INVESTMENT IN PRAIRIE HEALTH VENTURES, LLC	4,118,544	C
(4) AMHS HERITAGE, LLC	7,014	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	39,747,631	

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
3RD PARTY PAYER SETTLEMENTS	6,924,122
INTERCOMPANY LIABILITY	8,745,547
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,669,669

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
		PART X, LINE 2 - ALL AFFILIATED ENTITIES HAVE BEEN RECOGNIZED AS NOT-FOR-PROFIT CORPORATIONS BY THE INTERNAL REVENUE SERVICE (IRS) AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 (A)OF THE CODE IMMANUEL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED SUCH TAX POSITIONS, WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT THEIR HIGHEST VALUE CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS DURING 2012 AND 2011, MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(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
		Yes	**No**			
Total . . . . . ▶						

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

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

		(a) Event #1 A NIGHT TO CELEBRATE (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	140,345			140,345
	2 Less Charitable contributions	45,043			45,043
	3 Gross income (line 1 minus line 2)	95,302			95,302
Direct Expenses	4 Cash prizes	0			
	5 Non-cash prizes	40,486			40,486
	6 Rent/facility costs	6,000			6,000
	7 Food and beverages	27,116			27,116
	8 Entertainment	1,600			1,600
	9 Other direct expenses	5,913			5,913
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(81,115)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				14,187

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: 93493134004893

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

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		No
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization did 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 policy provide 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 charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit reportduring 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		7,009	10,182,628	618,796	9,563,832	4 150 %
b Medicaid (from Worksheet 3, column a)		2,486	43,499,251	25,904,604	17,594,647	7 640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	1,675,593	1,462,498	213,095	0 090 %
d **Total** Charity Care and Means-Tested Government Programs		9,495	55,357,472	27,985,898	27,371,574	11 880 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		9,888	551,577	26,843	524,734	0 230 %
f Health professions education (from Worksheet 5)		1,365	940,604	167,106	773,498	0 340 %
g Subsidized health services (from Worksheet 6)		0	153,426	118,256	35,170	0 020 %
h Research (from Worksheet 7)		0	31,757	0	31,757	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		8,293	178,421	0	178,421	0 080 %
j **Total** Other Benefits		19,546	1,855,785	312,205	1,543,580	0 680 %
k **Total.** Add lines 7d and 7j		29,041	57,213,257	28,298,103	28,915,154	12 560 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		0	7,440	0	7,440	0 %
2	Economic development		0	0	0		
3	Community support		58	7,715	0	7,715	0 %
4	Environmental improvements		0	0	0		
5	Leadership development and training for community members		0	0	0		
6	Coalition building		0	25,588	0	25,588	0 010 %
7	Community health improvement advocacy		0	0	0		
8	Workforce development		201	4,917	0	4,917	0 %
9	Other		0	0	0		
10	**Total**		259	45,660		45,660	0 010 %

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	2	4,695,788		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	1,514,139		
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	40,155,166
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,965,661
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,810,495
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

ALEGENT HEALTH IMMANUEL MEDICAL CENTER

Name of Hospital Facility:

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 2011)			
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 those 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 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 ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in 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 CHNA			
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?	9		No
If "Yes," indicate the FPG family income limit for eligibility for free care __%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the 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 patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	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 why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
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)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
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 FAP-eligible 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 from largest to smallest)

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

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 PART 1, LINE 3C ALEGENT HEALTH-IMMANUEL MEDICAL CENTER OMAHA, NE IS PART OF THE ALEGENT CREIGHTON HEALTH SYSTEM THE AMOUNT OF FINANCIAL ASSISTANCE WRITE-OFF FOR ENTITIES OF THE ALEGENT CREIGHTON 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 ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTHS 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 THE ALEGENT CREIGHTON HEALTH SYSTEM PRODUCES AN ANNUAL 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 HTTP //WWW ALEGENTCREIGHTON COM/COMMUNITY-BENEFIT

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, MEDICAID AND OTHER MEANS TESTED

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT OF $14,303,346 INCLUDED IN FUNCTIONAL EXPENSE TOTAL PART IX, LINE 25, COLUMN (A) IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN THE DENOMINATOR USED TO CALCULATE THE COST TO CHARGE RATIO WAS $230,384,810

Identifier	ReturnReference	Explanation
		PART II ALEGENT CREIGHTON HEALTH HAS A HISTORY OF CENTRALIZED COMMUNITY BENEFIT INVESTMENTS, AS WELL AS HOSPITAL SPECIFIC INVESTMENTS THAT ADDRESS COMMUNITY HEALTH NEEDS WHICH INCLUDE COMMUNITY BUILDING SUCH AS -LIVE WELL OMAHA KIDS- 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 CREIGHTON 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 CREIGHTON HEALTH HOSPITALS THE COMMUNITY COALITION KNOWN AS LIVE WELL OMAHA KIDS (LWOK) IS STAFFED AND FUNDED BY ALEGENT CREIGHTON HEALTH AN EXECUTIVE COMMITTEE CONSISTING OF COMMUNITY LEADERS AND POLICY MAKERS HAVE DIRECTED AN ECOLOGICAL APPROACH TO IMPROVE PROGRAMS, POLICIES AND BUILT THE ENVIRONMENT TO PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING AND BUILD CAPACITY FOR HEALTHY CHOICES AT THE INDIVIDUAL AND ORGANIZATIONAL LEVEL MORE THAN 200 VOLUNTEERS AND 90 ORGANIZATIONS HAVE PARTICIPATED IN THE PLANNING AND IMPLEMENTATION OF LWOK INITIATIVES A PORTION OF THIS INVESTMENT IN LWOK IS ALLOCATED TO THE IMMANUEL MEDICAL CENTER ON A NET SERVICE REVENUE BASIS -COMMUNITY AND ECONOMIC DEVELOPMENT INCLUDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE -STRATEGIC PLANNING AND CONSULTING SERVICES FOR COMMUNITY -SPONSORSHIP OF COMMUNITY NOT FOR PROFITS AND FUNDRAISING EVENTS -SUPPORT OF INTERNATIONAL HEALTH MINISTRIES IN TANZANIA AND DOMINICAN REPUBLIC - SUPPORT OF THE FEDERALLY QUALIFIED HEALTHCARE CENTERS -PARISH NURSING PROGRAM -COMMUNITY HEALTH FAIRS, SUPPORT GROUPS AND COMMUNITY EDUCATION -SCHOOL BASED HEALTHCARE SERVICES - LEADERSHIP IN AND FUNDING OF HEALTH COALITIONS INCLUDING- -LIVE WELL OMAHA-A COALITION FOUNDED BY ALEGENT CREIGHTON HEALTH AND THE COUNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADERS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES ALEGENT CREIGHTON HEALTH SERVES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIGHEST LEVEL AND LEASES STAFF TO LIVE WELL OMAHA -LIVE WELL POTTAWATTAMIE COUNTY -AN EMERGING COALITION TO ADDRESS OBESITY IN POTTAWATTAMIE COUNTY ALEGENT CREIGHTON HEALTH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPORT - OMAHA BY DESIGN-A COALITION THAT SUPPORT HEALTHY AND SUSTAINABLE CO0MMUNITY DEVELOPMENT AND LAND USE -VIOLENCE PREVENTION- A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMENS CENTER FOR ADVANCEMENT, UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS BASED VIOLENCE PREVENTION PLAN KNOWN AS "GREEN DOT " ALEGENT CREIGHTON HEALTH ALSO SUPPORTS ECPR TRAINING TO PROVIDE COMMUNITY CAPACITY AND SKILLS TO ADDRESS THE TRAUMA ASSOCIATED WITH VIOLENCE -METRO AREA CONTINUUM OF CARE FOR THE HOMELESS- BOARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA - HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY ALEGENT CREIGHTON HEALTH'S HOSPITALS AND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERVICES -PARTICIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CANCER, DIABETES AND OTHER COMMUNITY HEALTH COALITIONS -MENTAL HEALTH COALITIONS INCLUDING NATIONAL ALLIANCE ON MENTAL ILLNESS, NEBRASKA, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZATIONS, AND THE JUVENILE JUSTICE PROVIDER FORUM BEHAVIORAL HEALTH COMMITTEE

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE AUDITED FOOTNOTES FOR ENTITIES OF THE ALEGENT CREIGHTON 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 CREIGHTON HEALTH IS DETERMINED BY USING THE COST TO CHARGE RATIO FROM MEDICARE COST REPORTS PER ENTITY AND MULTIPLYING THE RATIO BY THE ACTUAL BAD DEBT CHARGES PER ENTITY TO DETERMINE THE AMOUNT OF THE ORGANIZATIONS BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS CHARITY CARE POLICY, REPRESENTATIVES OF THE ALEGENT HEALTH SYSTEM DETERMINE IF AN ACCOUNT NEEDS TO BE MOVED FROM BAD DEBT TO CHARITY WHEN A PATIENT EITHER COMES FORWARD AND COMPLETES A CHARITY APPLICATION, WHICH IS APPROVED OR IF IT IS DETERMINED THAT THE PATIENT HAS NO OTHER RESOURCES TO PAY THE ACCOUNT BALANCE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE ALEGENT CREIGHTON HEALTH SYSTEM DOES NOT CONSIDER MEDICARE SHORTFALLS TO BE COMMUNITY BENEFIT PER THE RECOMMENDATION OF THE CATHOLIC HEALTH ASSOCIATION THE MEDICARE CHARGES REPORTED ON LINES 5 AND 6 ARE FROM MEDICARE COST REPORTS WHICH USED A COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART III, LINE 9B THE ALEGENT CREIGHTON HEALTH SYSTEMS SELF PAY BILLING AND BAD DEBT POLICY HAS A CLEARLY DELINEATED PROCESS AND GUIDELINES FOR COLLECTIONS AGENCIES TO FOLLOW, INCLUDING EXPLICIT INSTRUCTIONS TO ADHERE TO THE SAME FINANCIAL ASSISTANCE GUIDELINES AS ALEGENT CREIGHTON HEALTH

Identifier	ReturnReference	Explanation
ALEGENT HEALTH IMMANUEL MEDICAL CENTER		PART V, SECTION B, LINE 9 THE ELIGIBILITY FOR PROVIDING FREE CARE IS 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 ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'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

Identifier	ReturnReference	Explanation
ALEGENT HEALTH IMMANUEL MEDICAL CENTER		PART V, SECTION B, LINE 10 THE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE IS 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 ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'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

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

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

Identifier	ReturnReference	Explanation
ALEGENT HEALTH IMMANUEL MEDICAL CENTER		PART V, SECTION B, LINE 20 DURING FISCAL YEAR ENDING JUNE 30, 2012, ONE PATIENT WAS IDENTIFIED AS BEING CHARGED MORE THAN THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES AT ALEGENT HEALTH-IMMANUEL MEDICAL CENTER AFTER FURTHER RESEARCH, THE PATIENT QUALIFIED FOR 100% FINANCIAL ASSISTANCE AND CHARGES WERE WRITTEN OFF TO CHARITY CARE THEREFORE THE PATIENT NEVER PERSONALLY INCURRED THE EXPENSE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE PROCESS TO DEVELOP ASSESSMENTS OF THE COMMUNITY HEALTH NEEDS (CHNA) IS COLLABORATIVE IN NATURE AND INVOLVES HEALTH DEPARTMENTS, EXISTING HEALTH COALITIONS, COMMUNITY MEMBERS AND HOSPITAL LEADERSHIP, AND IS SUPPORTED BY THE ALEGENT CREIGHTON HEALTH'S COMMUNITY BENEFIT AND HEALTHIER COMMUNITIES DEPARTMENT STAFF EACH ALEGENT CREIGHTON HEALTH HOSPITAL PARTICIPATES IN THE CHNA PROCESS FOR THE COUNTY IN WHICH THE FACILITY IS LOCATED AT LEAST EVERY 3 YEARS IN PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENTS THE ASSESSMENT VARIES IN EACH COMMUNITY BUT INCLUDES REVIEW OF PRIMARY DATA (SUCH AS SURVEYS, KEY INFORMANT INTERVIEWS, FOCUS GROUPS) AND SECONDARY DATA (SUCH AS COUNTY HEALTH RANKINGS, BRFRSS, YRBS, CENSUS DATA ETC) LEADERSHIP FROM ALEGENT CREIGHTON HEALTH PARTICIPATE IN MULTIPLE INTERNAL AND EXTERNAL VENUES TO GARNER COMMUNITY INPUT, PRIORITIZE COMMUNITY HEALTH NEEDS AND DEVELOP COMMUNITY HEALTH IMPROVEMENT PLANS THE CHNA REPORT FOR EACH COMMUNITY IS MADE AVAILABLE TO THE PUBLIC BY POSTING THE REPORT ON THE ALEGENT CREIGHTON HEALTH EXTERNAL WEBSITE AND BY MAKING IT AVAILABLE IN COMMUNITY VENUES THE CHNAS ARE INTEGRATED INTO THE GOVERNANCE AND PLANNING FOR ALEGENT CREIGHTON HEALTH ON TWO LEVELS- - REPORTING INTO THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH HEALTH PLANNING OVERSIGHT -INTO THE ANNUAL STRATEGIC PLANNING AND BUDGETING PROCESSES OF ALEGENT CREIGHTON HEALTH PARTICULAR TO COUNTIES IN WHICH IMMANUEL MEDICAL CENTER RESIDES, ALEGENT CREIGHTON HEALTH PARTNERS WITH LOCAL HEALTH DEPARTMENTS, LIVE WELL OMAHA AND COMPETING HEALTH SYSTEMS TO RETAIN PROFESSIONAL RESEARCH CONSULTANTS TO CONDUCT A CHNA FOR THE OMAHA/COUNCIL BLUFFS METROPOLITAN SERVICE AREA THE CHNA COVERS FOUR COUNTIES SERVED BY THE ALEGENT CREIGHTON HEALTH OMAHA AND COUNCIL BLUFFS HOSPITALS THE CHNA REPORTS DATA AT THE COUNTY LEVEL AND FOR DOUGLAS COUNTY, BY FOUR QUADRANTS WITHIN THE COUNTY ALEGENT CREIGHTON HEALTH LEADERS SERVE ON THE CHNA STEERING COMMITTEE AND PARTICIPATE IN KEY INFORMANT INTERVIEWS CONDUCTED AT HOSPITAL LOCATIONS THE CHNA IS SHARED IN MULTIPLE VENUES WITH THE PUBLIC, INCLUDING AT THE LIVE WELL OMAHA SUMMIT ALEGENT CREIGHTON HEALTH IS ONE OF THE FOUNDERS OF LIVE WELL OMAHA, A 35 MEMBER HEALTHY COMMUNITY COLLABORATION, AND CONTINUES TO BE A KEY FINANCIAL SUPPORTER AND MEMBER OF THE BOARD OF THE DIRECTORS IN ADDITION, ALEGENT CREIGHTON HEALTH HAS JOINED WITH LOCAL HEALTH SYSTEMS AND HEALTH DEPARTMENTS TO FUND THE WEB BASED COMMUNITY HEALTH DASHBOARD (HTTP //WWW DOUGLASCOHEALTH ORG/)IMMANUEL'S LEADERSHIP HAS DEVELOPED STRONG RELATIONSHIPS WITH KEY NORTH OMAHA LEADERS AND HAS CREATED FORUMS WITH CONSTITUENTS TO SHARE THE CHNA AND DIALOGUE ABOUT HEALTH NEEDS AND OPPORTUNITIES NORTH OMAHA LEADERS REPRESENTING EMPOWERMENT NETWORK, ABIDE MINISTRY, BOYS AND GIRLS CLUB, CENTER FOR HOLISTIC DEVELOPMENT, CREIGHTON UNIVERSITY MEDICAL CENTER, EASTERN NEBRASKA COMMUNITY ACTION PARTNERSHIP, FINANCIAL HOPE COLLABORATIVE, GIRLS, INC , HOPE CENTER FOR KIDS, IMPACT ONE, TABERNACLE OF FAITH CHURCH AND THE URBAN LEAGUE OF NEBRASKA HAVE PARTICIPATED IN THIS DIALOGUE HOSTED BY IMMANUEL BEST PRACTICES TO ADDRESS THE CHALLENGES OF VIOLENCE, UNEMPLOYMENT, POVERTY, SINGLE PARENT FAMILIES AND OTHER ISSUES HAVE BEEN RESEARCHED AND EXPLORED

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THERE ARE SEVERAL FINANCIAL ASSISTANCE ACCESS POINTS THROUGHOUT A PATIENT'S CARE CYCLE BILLS CONTAIN FINANCIAL ASSISTANCE VERBIAGE, SIGNS ARE POSTED IN CLINICS AND HOSPITALS, AND THERE IS INFORMATION ON FINANCIAL ASSISTANCE POSTED AT REGISTRATION POINTS THROUGHOUT CLINICS AND HOSPITALS INFORMATION ON THE ALEGENT CREIGHTON HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICIES ARE LOCATED SEVERAL PLACES ON THE SYSTEM'S WEBSITE- WWW ALEGENTCREIGHTON COM 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 ALEGENT CREIGHTON HEALTH REPRESENTATIVES HELP PATIENTS SEEK REIMBURSEMENT FROM LOCAL, STATE AND FEDERAL PROGRAMS AT NO CHARGE TO THE PATIENT AFTER THESE EFFORTS AND RESOURCES HAVE BEEN EXHAUSTED, PATIENTS ARE ASSISTED IN THE APPLICATION PROCESS FOR FINANCIAL ASSISTANCE CONSISTENT WITH ALEGENT CREIGHTON HEALTH'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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 ALEGENT CREIGHTON HEALTH SYSTEM SERVES THE EIGHT-COUNTY GREATER OMAHA METROPOLITAN STATISTICAL AREA (MSA), WITH AN ESTIMATED POPULATION OF OVER 881,496, RANKING 60TH OUT OF 381 MSAS IN TOTAL POPULATION THE MSA CONSISTS OF 3 IOWA AND 5 NEBRASKA COUNTIES ON BOTH SIDES OF THE MISSOURI RIVER AND COVERS 4,363 SQUARE MILES NEARLY 1 3 MILLION PEOPLE LIVE WITHIN A 60-MILE RADIUS OF OMAHA CHARACTERIZED BY STEADY GROWTH, THE MSA GREW BY 14 9 PERCENT BETWEEN 2000 AND 2011, THE 2016 PROJECTED POPULATION IS MORE THAN 946,000, A 7 3 PERCENT INCREASE APPROXIMATELY 36 PERCENT OF THE POPULATION IS 25 YEARS OF AGE OR YOUNGER WITH A MEDIAN AGE OF 34 8 YEARS COMPARED TO A U S MEDIAN AGE OF 36 9 50 8% OF THE POPULATION IS FEMALE RACIAL MINORITIES COMPRISE ABOUT 17 4 PERCENT OF GREATER OMAHA'S POPULATION, INCLUDING AN AFRICAN-AMERICAN POPULACE OF 7 8 PERCENT AND APPROXIMATELY 9 6 PERCENT HISPANIC IN 2010 GREATER OMAHA HAD OVER 360,000 HOUSING UNITS THE MEDIAN HOUSEHOLD INCOME IS $57,901 WHICH SURPASSES THE NATIONAL AVERAGE OF $53,658, WITH A PER CAPITA INCOME OF $27,915 GREATER OMAHA IS A WELL-EDUCATED COMMUNITY MORE THAN 91 PERCENT OF ADULTS, AGE 25 AND OLDER, ARE HIGH SCHOOL GRADUATES AND 35 9 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER, COMPARED TO 28 6 PERCENT NATIONALLY OMAHA IS HOME TO MANY MAJOR COMPANIES AND LARGE EMPLOYERS, INCLUDING SIX FORTUNE 500 COMPANIES, MAKING IT FOURTH IN THE NATION FOR NUMBER OF SUCH COMPANIES PER CAPITA

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 ALEGENT CREIGHTON HEALTH HAS A HISTORY OF CENTRALIZED COMMUNITY BENEFIT A ND HOSPITAL SPECIFIC COMMUNITY BENEFIT INVESTMENTS TO ADDRESS COMMUNITY HEALTH NEEDS OF TH E PARTICULAR SERVICE AREA EXAMPLES OF HOW ALEGENT CREIGHTON HEALTH FURTHERS ITS EXEMPT PU RPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY INCLUDE -FINANCIAL ASSISTANCE AND UNPAID C OSTS OF MEDICAID -COMMUNITY HEALTH IMPROVEMENT SERVICES- -COMMUNITY EDUCATION, CLASSES AND PROGRAMS (CHILDBIRTH, DIABETES, ONCOLOGY, PHYSICAL ACTIVITY, HEALTHY EATING AND COOKING, HEALTH CAREERS, CANCER, SPORTS MEDICINE ETC) - SUPPORT GROUPS (CANCER, BEREAVEMENT, YOUTH E TC) -COMMUNITY HEALTH FAIRS AND SCREENINGS - IMMUNIZATION CLINICS -PARISH NURSING PROGRAM A ND FAITH COMMUNITY OUTREACH -SCHOOL BASED HEALTHCARE SERVICES -HEALTH PROFESSIONAL EDUCATI ON- -CLINICAL PRECEPTORSHIPS FOR HEALTHCARE PROFESSIONALS -SCHOLARSHIPS AND MENTORSHIPS -A FFILIATION WITH AND SUPPORT OF CREIGHTON UNIVERSITY SCHOOL OF MEDICINE - PHYSICIAN RESIDENC Y AND FELLOWSHIP PROGRAMS TRAINING MORE THAN 200 RESIDENTS AND FELLOWS ANNUALLY -RESEARCH- PARTICIPATION IN THE MISSOURI VALLEY CANCER CONSORTIUM -FINANCIAL AND IN-KIND CONTRIBUTION S -SUPPORT OF THE FEDERALLY QUALIFIED HEALTHCARE CENTERS AND HOPE MEDICAL COALITION WHICH PROVIDES ACCESS TO MEDICAL SERVICES SPECIFICALLY FOR THE UNDERSERVED -CORPORATE SPONSORSHI PS -TANZANIA AND DOMINICAN REPUBLIC HEALTH MINISTRIES -STAFF SERVICE ON HEALTH RELATED BOA RD AND COALITIONS -SUBSIDIZED HEALTHCARE SERVICE INCLUDING BEHAVIORAL HEALTH, NICU, HOME H EALTH AND HOSPICE -COMMUNITY BUILDING ACTIVITIES- - COMMUNITY AND ECONOMIC DEVELOPMENT INCL UDING SUPPORT OF LOCAL CHAMBERS OF COMMERCE - STRATEGIC PLANNING AND CONSULTING SERVICES FO R COMMUNITY -HEALTH COALITIONS -LIVE WELL OMAHA-A COALITION FOUNDED BY ALEGENT CREIGHTON H EALTH AND THE COUNTY HEALTH DEPARTMENT THAT SERVES AS CONVENER OF BUSINESS, HEALTHCARE AND COMMUNITY LEADERS TO REVIEW HEALTH TRENDS AND CATALYZE COMMUNITY ACTION TO ADDRESS HEALTH ISSUES ALEGENT CREIGHTON HEALTH SERVES ON THE BOARD OF DIRECTORS, IS A MEMBER AT THE HIG HEST LEVEL AND LEASES STAFF TO LIVE WELL OMAHA -LIVE WELL OMAHA KIDS-A COALITION FUNDED A ND STAFFED FOR SEVEN YEARS BY ALEGENT CREIGHTON HEALTH TO ADDRESS CHILDHOOD OBESITY -LIVE WELL POTTAWATTAMIE-AN EMERGING COALITION TO ADDRESS OBESITY IN POTTAWATTAMIE COUNTY ALEGE NT CREIGHTON HEALTH PROVIDES STRATEGIC PLANNING, GRANT WRITING AND STAFF SUPPORT -VIOLENC E PREVENTION- A PARTNERSHIP WITH CATHOLIC HEALTH INITIATIVES, WOMENS CENTER FOR ADVANCEMENT , UNIVERSITY OF NEBRASKA-OMAHA AND CREIGHTON UNIVERSITY TO IMPLEMENT A CAMPUS BASED VIOLEN CE PREVENTION PLAN KNOWN AS "GREEN DOT" -METRO AREA CONTINUUM OF CARE FOR THE HOMELESS- BO ARD SERVICE AND FINANCIAL SUPPORT TO THIS COALITION ADDRESSING HOMELESSNESS IN THE SERVICE AREA -HOPE MEDICAL COALITION-BOARD SERVICE AND ANNUAL OPERATING SUBSIDY ACH HOSPITALS A ND PHYSICIANS PROVIDE SPECIALTY CARE TO PATIENTS UNABLE TO AFFORD MEDICAL SERVICES -PARTI CIPATION IN AND FUNDING OF MATERNAL HEALTH, BREASTFEEDING, SUBSTANCE ABUSE, CANCER, DIABET ES AND OTHER COMMUNITY HEALTH COALITIONS -MENTAL HEALTH COALITIONS INCLUDING NATIONAL ALLI ANCE ON MENTAL ILLNESS NEBRASKA, NEBRASKA ASSOCIATION OF BEHAVIORAL HEALTH CARE ORGANIZATI ONS AND THE JUVENILE JUSTICE PROVIDER FORUM BEHAVIORAL HEALTH COMMITTEE -THE PRIMARY CARE PHYSICIAN CLINICS THAT ARE PART OF THE PARENT CORPORATION PROVIDE ACCESS TO CARE THROUGH THE SYSTEM'S FINANCIAL ASSISTANCE POLICY AND PARTICIPATE IN MEDICAL STUDENT PRECEPTORSHIPS THAT ADVANCE THE HEALTHCARE PROVIDER EDUCATION PROCESS - ALEGENT CREIGHTON HEALTH HAS OPE N MEDICAL STAFFS -ALEGENT CREIGHTON HEALTH IS ONE OF THREE HEALTH SYSTEMS THAT FUND THE OP ERATIONS OF A COALITION THAT EXISTS TO PROVIDE ACCESS FOR THE PATIENTS OF THREE AREA FEDER ALLY QUALIFIED HEALTHCARES TO SPECIALTY PHYSICIAN SERVICES AND HOSPITAL BASED DIAGNOSTICS AND TREATMENT - ALEGENT CREIGHTON HEALTH IS THE SOLE COMPREHENSIVE MENTAL HEALTH PROVIDER I N THE OMAHA MSA AREA -ALEGENT CREIGHTON HEALTH IS A JOINT VENTURE PARTNER IN A NOT-FOR-PRO FIT HOSPICE INPATIENT HOSPITAL AND PROVIDES THE MANAGEMENT SUPPORT CONTRACT -ALEGENT CREI GHTON HEALTH BUDGETS FOR AN EMERGENCY FUND AS A SUBSET OF OTHER COMMUNITY DONATIONS TO RES POND TO CRISIS OR UNPLANNED FUNDING NEEDS OF A VITAL COMMUNITY SERVICE, WHICH HAS FIRST US ED IN FY2011 WITH THE ECONOMIC DOWNTURN BOARD OF DIRECTORS - ALEGENT HEALTH-IMMANUEL MEDIC AL CENTER IS GOVERNED BY A BOARD OF DIRECTORS PRIMARILY COMPRISED OF VOLUNTEER MEMBERS OF OUR LOCAL COMMUNITY WHO ARE LEADERS IN THE FIELDS OF BUSINESS, HEALTHCARE, ACCOUNTING AND MEDICINE AND UNDERSTAND THEIR ROLE IN PROVIDING STRONG CORPORATE GOVERNANCE EMERGENCY DEP ARTMENT - ALEGENT HEALTH-IMMANUEL MEDICAL CENTER HOSPITALS HAVE FULL-TIME EMERGENCY DEPART MENTS THAT ARE OPEN TO THE PUBLIC AND PROVIDE MEDICAL SCREENING EXAMINATIONS AND STABILIZI NG TREATMENT WITHIN THE CAPABILITIES AND CAPACITY OF THE HOSPITALS REGARDLESS OF BUT NOT L IMITED TO THE PATIENT'S RACE, COLOR, SEX, AGE, AND

Identifier	ReturnReference	Explanation
		/OR ABILITY TO PAY THE HOSPITALS ARE IN COMPLIANCE WITH THE FEDERAL EMTALA REGULATIONS IN ADDITION, ALEGENT HEALTH-IMMANUEL MEDICAL CENTER, TOGETHER WITH UNRELATED HOSPITALS IN TH E AREA, WORKS CLOSELY WITH LOCAL FIRE AND RESCUE DEPARTMENTS TO ENSURE THAT AMBULANCES TAK E PATIENTS TO THE APPROPRIATE HOSPITAL THIS IS GENERALLY THE HOSPITAL THAT IS CLOSEST GEO GRAPHICALLY WITH EXCEPTIONS BASED ON PATIENT PREFERENCE, PATIENT'S PHYSICIAN PREFERENCE, A ND CAPACITY OR THE AVAILABILITY OF SPECIALIZED FACILITIES OR PROGRAMS RELATED TO THE PATIE NT'S CONDITION FINALLY, ALEGENT HEALTH-IMMANUEL MEDICAL CENTER MAINTAINS DETAILED PROCEDU RES REGARDING WHEN AND UNDER WHAT CIRCUMSTANCES A PATIENT CAN BE TRANSFERRED UNDER THIS P OLICY, NO PATIENT WILL BE TRANSFERRED BASED ON RACE, CREED, RELIGION OR ABILITY TO PAY MED ICAL STAFF - ALEGENT HEALTH-IMMANUEL MEDICAL CENTER MAINTAINS AN OPEN MEDICAL STAFF ALL Q UALIFIED MDS, DOS, OTHER HEALTHCARE PRACTITIONERS, AND MID-LEVEL PRACTITIONERS ARE ELIGIBL E TO APPLY FOR PRIVILEGES AT THE HOSPITALS ALEGENT HEALTH-IMMANUEL MEDICAL CENTER'S POLIC Y ON PHYSICIAN CREDENTIALING IS THAT NO INDIVIDUAL IS TO BE DENIED MEDICAL STAFF APPOINTME NT BASED ON SEX, RACE, CREED, COLOR OR NATIONAL ORIGIN THE STANDARDS A PHYSICIAN MUST MEE T 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 WI TH OTHERS APPLICATIONS ARE REVIEWED AT SEVERAL LEVELS WITHIN THE ORGANIZATION PHYSICIANS WHO HAVE BEEN GRANTED STAFF PRIVILEGES AUTOMATICALLY BECOME MEMBERS OF THE MEDICAL STAFF AT THE HOSPITAL(S) FOR WHICH PRIVILEGES HAVE BEEN GRANTED

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE SENIOR LEADERSHIP OF THE INDIVIDUAL HOSPITALS ARE ENGAGED IN THE COMMUNITY NEEDS ASSESSMENT PROCESS THAT IS CONDUCTED FROM THE CORPORATE OFFICES OF THE ALEGENT CREIGHTON HEALTH SYSTEM (SEE PART VI-2/COMMUNITY NEEDS ASSESSMENT) THE HOSPITALS ARE INVOLVED IN SHARED BUDGET DECISION MAKING TO MEET THE PRIORITIZED COMMUNITY HEALTH NEEDS IN COLLABORATION WITH COMMUNITY PARTNERS THE CORPORATE FUNCTION IS FUNDED FROM THE OPERATIONS OF THE INDIVIDUAL HOSPITALS TO LEVERAGE EXPERTISE AND TIME THAT IS FOCUSED ON PROMOTING HEALTH THE INDIVIDUAL HOSPITALS BECOME MORE INVOLVED IN SPECIFIC STRATEGIC RESPONSES THROUGH THE SERVICES THEY PROVIDE AND THEIR PARTICIPATION IN THE COALITIONS ACROSS THE ALEGENT HEALTH SERVICE AREA

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	IA,NE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RONCALLI CATHOLIC HIGH SCHOOL6401 SORENSEN PARKWAY OMAHA,NE 68152	47-0486481	501(C)(3)	5,500				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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) FINANCIAL ASSISTANCE/CHARITY CARE	6766		21,856,262	BOOK	REDUCTION OR WRITE OFF OF PATIENT SERVICES
(2) SCHOLARSHIPS	12		5,250	BOOK	SCHOLARSHIP PAYMENT TO QUALIFYING INSTITUTION

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MOST DISBURSEMENTS IN FURTHERANCE OF THE ORGANIZATION'S EXEMPT PROGRAMS ARE MADE DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION OF THE ORGANIZATION OTHERWISE, DISTRIBUTIONS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S GOVERNING BOARD OR MANAGEMENT DESIGNED TO ENSURE THAT RECIPIENTS OF SUCH DISBURSEMENTS FROM THE ORGANIZATION ARE ADEQUATELY INVESTIGATED AND GRANTED TO QUALIFIED RECIPIENTS
		SISTER INGEBORG BLOMBERG SCHOLARSHIP SCHOLARSHIPS ARE PROVIDED BY THE IMMANUEL MEDICAL CENTER AUXILIARY TO PROVIDE CONTINUING EDUCATION FOR ALGENT HEALTH-IMMANUEL MEDICAL CENTER EMPLOYEES FOR THEIR PERSONAL GROWTH AND/OR PROFESSIONAL DEVELOPMENT ALL PERMANENT, FULL-TIME AND PART-TIME EMPLOYEES IN GOOD STANDING WHO HAVE SIX MONTHS OR MORE OF SERVICE WITH ALEGENT HEALTH-IMMANUEL MEDICAL CENTER MAY APPLY FOR THE SCHOLARSHIPS PAYMENT FOR TUITION, LAB FEES, BOOKS AND REGISTRATION EXPENSES WILL BE MADE DIRECTLY TO THE INSTITUTION UPON RECEIPT OF A STATEMENT OF COSTS FROM THE INSTITUTION THE AWARDING OF THE SISTER INGEBORG BLOMBERG SCHOLARSHIP SHALL BE SUBJECT TO THE FOLLOWING CRITERIA 1 APPLICATION IS MADE PRIOR TO MAKING A COMMITMENT TO THE SCHOOL 2 THE SCHOOL AND COURSE ARE OF RECOGNIZED STANDING 3 THE EMPLOYEE CONTINUES TO MAINTAIN HIS/HER REGULARLY SCHEDULED WORKING HOURS 4 THE EMPLOYEE SHALL SIGN AN AUTHORIZATION ALLOWING THE AUXILIARY TO RECEIVE WRITTEN CERTIFICATION OF PERFORMANCE FROM THE INSTITUTION 5 IT IS EVIDENT THAT THE COURSE, OR COURSES ARE MUTUALLY BENEFICIAL TO THE EMPLOYEE AND TO ALEGENT HEALTH-IMMANUEL MEDICAL CENTEER 6 THE EMPLOYEE IS EXPECTED TO REMAIN EMPLOYED AT ALEGENT HEALTH-IMMANUAL MEDICAL CENTEER FOR AT LEASTONE YEAR AFTER RECEIVING THE SISTER INGEBORG BLOMBERG SCHOLARSHIP ALEGENT HEALTH-IMMANUEL MEDICAL CENTER OCCASSIONALLY DISTRIBUTES FUNDS TO OTHER 501(C)(3) ORGANIZATIONS THESE DISTRIBUTIONS ARE MONITORED TO ENSURE THEY ARE BEING USED AS SPECIFIED BY THE ORGANIZATION SCHEDULE I, PART III - ALEGENT HEALTH-IMMANUEL MEDICAL CENTER RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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								

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, HOUSING ALLOWANCE, FINANCIAL PLANNING FEES AND LEGAL FEES PAYMENT FOR THESE BENEFITS ARE EITHER MADE DIRECTLY BY ALEGENT CREIGHTON HEALTH OR REIMBURSED TO THE EXECUTIVE AFTER THE APPROPRIATE SUBSTANTIATION FOR THE EXPENSE IS PROVIDED THE AMOUNT PAID FOR THESE BENEFITS IS INCLUDED IN THE EXECUTIVE'S WAGES AS TAXABLE INCOME
	PART I, LINES 4A-B	THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS EXECUTIVES OF ALEGENT CREIGHTON HEALTH (A RELATED ORGANIZATION) DURING THE 2011 CALENDAR YEAR AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE AS COMPENSATION ON SCHEDULE J RICHARD HACHTEN - $346,579 MARTIN HICKEY, MD - $475,218 FRED HOSLER, MD - $539,806 MARK KESTNER, MD - $131,578 SEVERANCE PAID TO RICHARD HACHTEN IN CALENDAR YEAR 2011 RELATES TO A CORRECTION MADE TO REPORT ADDITIONAL SEVERANCE OWED TO HIM FROM A PREVIOUS SEPARATION OF SERVICE THE ADDITIONAL SEVERANCE WAS REPORTED ON A CORRECTED W-2C AND APPLICABLE TAXES WERE SUBMITTED TO THE IRS SCHEDULE J, LINE 4B - THE FOLLOWING REPORTABLE INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT CREIGHTON HEALTH (A RELATED ORGANIZATION) DURING THE 2011 CALENDAR YEAR THE FOLLOWING AMOUNTS DEFERRED FROM THE PLAN WERE INCLUDED IN COLUMN C OF THE SCHEDULE J RICHARD HACHTEN II - $141,223 SCOTT WOOTEN - $58,678 JANE CARMODY - $19,974 NANCY WALLACE - $19,182 RICK MILLER, MD - $36,480 RICHARD ROLSTON, MD - 40,680 KENNETH LAWONN - $47,270 JOAN NEUHAUS - $53,374 SHEREE KEELY - $12,358 ELIZABETH LLEWELLYN - $14,770 PATRICIA MASEK - $12,614 PAUL STRAWHECKER - $4,772 PAUL EBMEIER - $22,752 ANN SCHUMACHER - $23,746 SCHEDULE J, LINE 4B - THE FOLLOWING REPORTABLE INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT CREIGHTON HEALTH (A RELATED ORGANIZATION) DURING THE 2011 CALENDAR YEAR THE FOLLOWING AMOUNTS FROM THE PLAN WERE PAID OUT AND INCLUDED IN TAXABLE WAGES THE AMOUNTS WERE INCLUDED IN COLUMN B(III) 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 KENNETH LAWONN - $39,892 JOAN NEUHAUS - $41,947 SHEREE KEELY - $10,915 ELIZABETH LLEWELLYN - $12,916 PATRICIA MASEK - $10,956 PAUL EBMEIER - $20,451 ANN SCHUMACHER - $19,981
	PART I, LINE 5	PHYSICIANS EMPLOYED BY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER ARE ELIGIBLE FOR QUARTERLY PRODUCTIVITY BONUSES BASED ON INDIVIDUAL QUALITY MANAGEMENT, WHICH INCLUDES CORE MEASURES, REVENUE, PHYSICIAN REFFERAL AND ATTENDANCE AT MEETINGS THE CORE MEASURES USED TO DETERMINE THE PHYSICIAN BONUSES ARE NATIONALLY ACCEPTED MEASURES OF PHYSICIAN PRODUCTIVITY
	PART I, LINE 6	COMPENSATION FOR MEMBERS OF MANAGEMENT OF ALEGENT CREIGHTON HEALTH AND RELATED ENTITIES IS DETERMINED AT A SYSTEM LEVEL MEMBERS OF ALEGENT CREIGHTON 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 CREIGHTON HEALTH SYSTEM FOR THE FISCAL YEAR
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 3 ALEGENT CREIGHTON HEALTH GOVERNANCE OF EXECUTIVE COMPENSATION ACTING AS PRUDENT STEWARDS OF ITS FINANCIAL RESOURCES, THE ALEGENT CREIGHTON 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 CREIGHTON HEALTH IS ABLE TO FULFILL ITS FAITH-BASED MISSION AND ACHIEVE ITS VISION OF BECOMING WORLD-CLASS THE ALEGENT CREIGHTON HEALTH COMPENSATION COMMITTEE FOLLOWS A THOROUGH AND INTENTIONAL PROCESS THAT INCLUDES CONSULTATION WITH INDEPENDENT, EXPERT COUNSEL AND CAREFULLY COMPARES COMPENSATION LEVELS TO MARKET-BASED COMPENSATION OF SIMILAR SIZED, NON-PROFIT AND FOR-PROFIT HEALTH SYSTEMS AND ALSO UTILIZES A BLEND OF NON-PROFIT AND GENERAL INDUSTRY DATA FOR EXECUTIVE ROLES WHERE THE RECRUITING MARKET IS ARGUABLY BROADER THEN THE NON-PROFIT SECTOR TOTAL COMPENSATION INCLUDES BASE COMPENSATION, AND ALSO INCLUDES PERFORMANCE-BASED INCENTIVE COMPENSATION FOR ACHIEVING BOARD-SET GOALS FOR CLINICAL QUALITY, PATIENT SAFETY AND SATISFACTION, PHYSICIAN PERCEPTION, STRATEGIC AND FACILITY PLANNING AND FINANCIAL PERFORMANCE IT MAY ALSO INCLUDE OTHER CASH PAYMENTS SUCH AS ONE-TIME RELOCATION COSTS SCHEDULE J, PART II THE ALEGENT CREIGHTON 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: 47-0376615
Name: ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY HATCHER DO	(I)	0	0	0	0	0	0	0
	(II)	414,921	0	26,849	0	21,332	463,102	0
RICHARD HACHTEN II	(I)	163,874	102,438	143,848	67,090	4,059	481,309	109,979
	(II)	525,787	328,674	461,540	215,260	13,024	1,544,285	352,868
SCOTT WOOTEN	(I)	86,618	50,957	30,636	27,326	5,205	200,742	11,551
	(II)	277,917	163,496	98,294	87,675	16,702	644,084	37,062
JOAN NEUHAUS	(I)	81,599	43,917	26,647	42,548	1,334	196,045	9,967
	(II)	261,811	140,909	85,498	136,519	4,280	629,017	31,980
KENNETH LAWONN	(I)	69,300	41,219	23,724	26,855	1,016	162,114	9,479
	(II)	222,350	132,253	76,120	86,163	3,261	520,147	30,413
RICK MILLER MD	(I)	56,335	30,122	10,311	14,247	7,320	118,335	2,338
	(II)	180,750	96,646	33,083	45,713	23,487	379,679	7,503
RICHARD ROLSTON MD	(I)	84,045	21,042	6,596	301,393	5,110	418,186	0
	(II)	269,659	67,515	21,164	967,023	16,396	1,341,757	0
JANE CARMODY	(I)	59,771	12,158	8,501	9,712	3,158	93,300	921
	(II)	191,777	39,010	27,274	31,161	10,131	299,353	2,956
PAUL EBMEIER	(I)	0	0	0	0	0	0	0
	(II)	258,789	93,516	41,373	59,855	22,797	476,330	20,451
SHEREE KEELY	(I)	29,813	11,835	9,266	8,003	3,003	61,920	2,594
	(II)	95,659	37,972	29,729	25,679	9,636	198,675	8,322
ELIZABETH LLEWELLYN	(I)	35,984	14,415	11,449	9,552	2,478	73,878	3,069
	(II)	115,454	46,252	36,734	30,647	7,952	237,039	9,847
PATRICIA MASEK	(I)	34,338	12,762	7,923	119	3,869	59,011	2,603
	(II)	110,178	40,947	25,420	38,484	12,413	227,442	8,353
ANN SCHUMACHER	(I)	57,433	22,311	17,170	15,271	5,991	118,176	4,748
	(II)	184,278	71,584	55,089	48,997	19,222	379,170	15,233
NANCY WALLACE	(I)	43,265	18,754	17,040	13,056	3,041	95,156	3,269
	(II)	138,821	60,171	54,672	41,889	9,757	305,310	10,490
MYLES GART	(I)	44,254	0	4,564	2,437	38	51,293	0
	(II)	141,988	0	14,645	7,818	123	164,574	0
ARUN SHARMA MD	(I)	393,870	0	36,839	14,700	26,891	472,300	0
	(II)	0	0	0	0	0	0	0
MICHAEL COY MD	(I)	340,330	0	32,905	17,150	10,940	401,325	0
	(II)	0	0	0	0	0	0	0
THOMAS FRANCO MD	(I)	26,003	65,761	254,162	0	2,180	348,106	0
	(II)	0	0	0	0	0	0	0

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 HALAT MD	(I)	291,488	14,533	25,304	12,250	25,663	369,238	0
	(II)	0	0	0	0	0	0	0
MICHAEL EGGER MD	(I)	304,282	0	24,802	17,150	27,459	373,693	0
	(II)	0	0	0	0	0	0	0
FRED HOSLER MD	(I)	0	0	128,385	0	211	128,596	128,265
	(II)	0	0	411,924	0	828	412,752	411,541
MARK KESTNER MD	(I)	0	0	31,265	397	0	31,662	31,265
	(II)	0	0	100,313	1,272	0	101,585	100,313
LARRY BROWN MD	(I)	0	0	0	0	0	0	0
	(II)	344,187	236,382	70,193	17,304	27,312	695,378	12,411
FRANK EMSICK	(I)	80,555	10,555	5,224	2,842	1,118	100,294	0
	(II)	126,375	33,867	16,763	9,120	3,589	189,714	0
MARTIN HICKEY MD	(I)	0	0	124,948	0	0	124,948	124,948
	(II)	0	0	400,899	0	0	400,899	400,899

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (DIAMOND)	X	1	6,000	SELLING PRICE
26	Other ▶ (WINE TASTING/ 6 COURSE DINNER)	X	1	3,000	SELLING PRICE
27	Other ▶ (PERSONICS LIVE)	X	1	3,000	SELLING PRICE
28	Other ▶ (WINE TASTING AND SIX COURSE DINNER)	X	1	3,000	SELLING PRICE
	Other ▶ (HOMER, ALASKA FISHING TRIP)	X	1	2,440	SELLING PRICE
	Other ▶ (MADONNA IN VEGAS)	X	1	1,850	SELLING PRICE
	Other ▶ (DINNER PARTY FOR EIGHT)	X	1	1,600	SELLING PRICE
	Other ▶ (CELINE DION IN VEGAS)	X	1	1,530	SELLING PRICE
	Other ▶ (LAKE OKOBOJI TRIP)	X	1	1,500	SELLING PRICE
	Other ▶ (GOODRICH DIAMONDS)	X	1	1,500	SELLING PRICE
	Other ▶ (DIAMOND NECKLACE)	X	1	1,475	SELLING PRICE
	Other ▶ (WINE TASTING FOR SIX)	X	1	1,000	SELLING PRICE
	Other ▶ (APPETIZER AND WINE TASTING CLASS FOR 6 TO 8)	X	1	1,000	SELLING PRICE
	Other ▶ (25 CT DIAMOND NECKLACE)	X	1	950	SELLING PRICE
	Other ▶ (U S FIGURE SKATING CHAMP)	X	1	827	SELLING PRICE
	Other ▶ (RUFF WATERS GIFT CERTIFICATE/ TREE AND PLANTING)	X	1	650	SELLING PRICE
	Other ▶ (IPAD WITH PORTFOLIO)	X	1	570	SELLING PRICE
	Other ▶ (YMCA ROCKY MOUNTAIN GETAWAY)	X	1	500	SELLING PRICE
	Other ▶ (GOLF OUTING WITH TOMMIE FRAZIER)	X	1	500	SELLING PRICE
	Other ▶ (GOLF OUTING WITH TOMMIE FRAZIER)	X	1	500	SELLING PRICE
	Other ▶ (WINE BASKET FOR A YEAR)	X	1	485	SELLING PRICE
	Other ▶ (PARKING FOR A YEAR)	X	1	480	SELLING PRICE
	Other ▶ (WELLNESS CENTER MEMBERSHIP)	X	1	420	SELLING PRICE
	Other ▶ (MIRANDA LAMBERT IN CONCERT)	X	1	400	SELLING PRICE
	Other ▶ (LINDY FREED JEWELRY)	X	1	400	SELLING PRICE
	Other ▶ (TOMMYGLASS ART BY DR TOM RUMA)	X	1	400	SELLING PRICE
	Other ▶ (YOGA GIFT BASKET)	X	1	375	SELLING PRICE
	Other ▶ (PINK PRINCESS TRICYCLE WITH HELMET AND TUTU)	X	1	320	SELLING PRICE
	Other ▶ (SIGNED UNO HOCKEY STICK AND HELMET)	X	1	300	SELLING PRICE
	Other ▶ (SPARTINA GOLF BAG AND WRISTLET)	X	1	300	SELLING PRICE
	Other ▶ (CURBSIDE PARKING FOR ONE YEAR)	X	1	300	SELLING PRICE
	Other ▶ (HUSKER RED NEON WALLCLOCK, TRAY AND GIFTWARE)	X	1	275	SELLING PRICE
	Other ▶ (HUSKER TAILGATING REFRIGERATOR)	X	1	275	SELLING PRICE
	Other ▶ (LEGEND OF PASTOR FOGELSTROM'S WATCH)	X	1	250	SELLING PRICE
	Other ▶ (CAMCORDER)	X	1	250	SELLING PRICE
	Other ▶ (VIRGINIA CAVALIER BASEBALL PKG)	X	1	250	SELLING PRICE
	Other ▶ (TWO COLLEGE WORLD SERIES TICKETS)	X	1	250	SELLING PRICE
	Other ▶ (IPOD TOUCH/$50 ITUNES)	X	1	250	SELLING PRICE
	Other ▶ (WINE AND CUPCAKE BASKET)	X	1	230	SELLING PRICE
	Other ▶ (DIAMOND EARRINGS)	X	1	220	SELLING PRICE
	Other ▶ (ONE FRESH ARRANGEMENT FOR A HOLIDAY PARTY)	X	1	200	SELLING PRICE
	Other ▶ (SIGNED FOOTBALL BY TOMMIE FRAZIER WITH CASE)	X	1	200	SELLING PRICE
	Other ▶ (MOTORCYCLE RIDE IN THE LOESS HILLS)	X	1	200	SELLING PRICE
	Other ▶ (PACIFIC SPRINGS GOLF OUTING FOR FOUR)	X	1	200	SELLING PRICE
	Other ▶ (SNORE & ROAR HOTEL AND ZOO PACKAGE)	X	1	200	SELLING PRICE
	Other ▶ (SHORELINE GOLF OUTING FOR FOUR)	X	1	200	SELLING PRICE
	Other ▶ (COCO KEY / RAMADA SPLASH AND STAY PACKAGE)	X	1	190	SELLING PRICE
	Other ▶ (STORM CHASERS PACKAGE)	X	1	175	SELLING PRICE
	Other ▶ (LIED LODGE ONE NIGHT STAY AND BREAKFAST)	X	1	175	SELLING PRICE
	Other ▶ (SPARTINA BAG AND ACCESSORIES)	X	1	175	SELLING PRICE
	Other ▶ (WINE AND DINE FOR FOUR AT TUSSEY'S #1)	X	1	170	SELLING PRICE
	Other ▶ (WINE AND DINE FOR FOUR AT TUSSEY'S #2)	X	1	170	SELLING PRICE
	Other ▶ (FRAMED EINSTEIN QUOTE)	X	1	170	SELLING PRICE
	Other ▶ (WEIGHT MANAGEMENT BASKET)	X	1	165	SELLING PRICE
	Other ▶ (DENVER BRONCOS PRE-SEASON TICKETS)	X	1	160	SELLING PRICE
	Other ▶ (DVD PLAYER)	X	1	150	SELLING PRICE
	Other ▶ (GARDEN ART)	X	1	150	SELLING PRICE
	Other ▶ (COLORADO FRAMED ART)	X	1	150	SELLING PRICE
	Other ▶ (LANDSCAPE DESIGN CONSULTATION)	X	1	150	SELLING PRICE
	Other ▶ (PORSCHE GT-2 CLUB COUPE RACING)	X	1	150	SELLING PRICE
	Other ▶ (SPACEFORM CLOCK)	X	1	145	SELLING PRICE
	Other ▶ (PLAYHOUSE TICKETS AND DINNER)	X	1	130	SELLING PRICE
	Other ▶ (M & M GUY / BLUE)	X	1	125	SELLING PRICE
	Other ▶ (M & M GUY / GREEN)	X	1	125	SELLING PRICE
	Other ▶ (ADVENTURES IN ART)	X	1	125	SELLING PRICE
	Other ▶ (RUSSELL SPEEDER'S CAR WASH GIFT CARDS)	X	1	115	SELLING PRICE
	Other ▶ (THREE PORCELAIN CORAL MOTIF TRAYS)	X	1	115	SELLING PRICE
	Other ▶ (WINE BASKET)	X	1	105	SELLING PRICE
	Other ▶ (SALSA AND CHIPS BASKET)	X	1	100	SELLING PRICE
	Other ▶ (LOT 2 RESTAURANT AND WINE BAR)	X	1	100	SELLING PRICE
	Other ▶ (COOLER WITH SNACKS)	X	1	100	SELLING PRICE
	Other ▶ (CUSTOM DESIGNED FAMILY TREE WITH FRAME)	X	1	100	SELLING PRICE
	Other ▶ (TUDY'S GARDEN SERVICE AND CONSULTATION)	X	1	100	SELLING PRICE
	Other ▶ (ENTERTAIN AT HOME PACKAGE)	X	1	100	SELLING PRICE
	Other ▶ (SIMON PEARCE GLASS BOWL)	X	1	100	SELLING PRICE
	Other ▶ (WII FIT)	X	1	100	SELLING PRICE
	Other ▶ (NEBRASKA BREWS AND COOLER)	X	1	100	SELLING PRICE
	Other ▶ (CABELA'S GIFT CERTIFICATE)	X	1	100	SELLING PRICE
	Other ▶ (DANCE BIRTHDAY PARTY)	X	1	100	SELLING PRICE
	Other ▶ (BREAKFAST AT TIFFANY'S BASKET)	X	1	100	SELLING PRICE
	Other ▶ (SNACK BASKET)	X	1	98	SELLING PRICE
	Other ▶ (SWEDISH "PURPLE MUM" PLAQUE)	X	1	90	SELLING PRICE
	Other ▶ (VERA BRADLEY CHAIN HANDBAG)	X	1	90	SELLING PRICE
	Other ▶ (VERA BRADLEY TOTE AND BEACH TOWEL)	X	1	90	SELLING PRICE
	Other ▶ (CHRISTMAS PLATTER)	X	1	90	SELLING PRICE
	Other ▶ (KINDLE)	X	1	80	SELLING PRICE
	Other ▶ (WENNINGHOFF FARMS BASKET)	X	1	80	SELLING PRICE
	Other ▶ (PEGGY KARR ALEGENT HEALING PLATE)	X	1	80	SELLING PRICE
	Other ▶ (BISCOTTI BASKET WITH LESSON)	X	1	75	SELLING PRICE
	Other ▶ (JAMMIN' FOR A YEAR)	X	1	75	SELLING PRICE
	Other ▶ (FRAMED INLAID WOODEN HORSE)	X	1	75	SELLING PRICE
	Other ▶ (OWEN'S LAWN MOWING SERVICES)	X	1	75	SELLING PRICE
	Other ▶ (CHRISTMAS COOKIE BAKING BASKET)	X	1	75	SELLING PRICE
	Other ▶ (FRAMED INLAID WOOD DEER)	X	1	75	SELLING PRICE
	Other ▶ (CHILDREN'S SANTA PARTY)	X	1	75	SELLING PRICE
	Other ▶ (PASHMINA SCARF)	X	1	75	SELLING PRICE
	Other ▶ (PHOTOGRAPH ON CANVAS)	X	1	65	SELLING PRICE
	Other ▶ (BEATRIZ BALL NOVA PEARL BOWL W/ SERVERS)	X	1	65	SELLING PRICE
	Other ▶ (KING'S POINTE WATERPARK PASSES)	X	1	65	SELLING PRICE
	Other ▶ (MIKASA CHAMPAGNE FLUTES (4))	X	1	60	SELLING PRICE
	Other ▶ (MIKASA CHAMPAGNE FLUTES (4))	X	1	60	SELLING PRICE
	Other ▶ (WINE CORK WREATH)	X	1	60	SELLING PRICE
	Other ▶ (FAIRY GARDEN STAKES, BOOK, ORNAMENT)	X	1	60	SELLING PRICE
	Other ▶ (HAND KNIT WRAP / ADULT)	X	1	60	SELLING PRICE
	Other ▶ (M'S PUB GIFT CERTIFICATE)	X	1	50	SELLING PRICE
	Other ▶ (CRAVE RESTAURANT GIFT CERTIFICATE)	X	1	50	SELLING PRICE
	Other ▶ (BEE A HONEY GIFT BASKET)	X	1	50	SELLING PRICE
	Other ▶ (CUSTOMIZABLE METAL SIGN)	X	1	50	SELLING PRICE
	Other ▶ (DOG GROOMING SERVICES)	X	1	50	SELLING PRICE
	Other ▶ (BETTY BOOP PURSE AND ACCESSORIES)	X	1	50	SELLING PRICE
	Other ▶ (BUNDTLET BUNDLE ONE DOZEN)	X	1	45	SELLING PRICE
	Other ▶ (BISCOTTI AND COFFEE GIFT BASKET)	X	1	45	SELLING PRICE
	Other ▶ (REESE'S ACCESSORY SET)	X	1	45	SELLING PRICE
	Other ▶ (HISTORY OF IMMANUEL MEDICAL CENTER CHAIR)	X	1	40	SELLING PRICE
	Other ▶ (DISCOVERY FLIGHTS 1/2 HR FLIGHT)	X	1	40	SELLING PRICE
	Other ▶ (GUND PLUSH BEAR)	X	1	36	SELLING PRICE
	Other ▶ (HANDCRAFTED METAL FLOWER)	X	1	35	SELLING PRICE
	Other ▶ (NOTHING BUNDT CAKES GIFT CERTIFICATE)	X	1	30	SELLING PRICE
	Other ▶ (PLUM MELOMEL WINE WITH $10 GIFT CERTIFICATE)	X	1	30	SELLING PRICE
	Other ▶ (HEALING GROUNDS BASKET)	X	1	30	SELLING PRICE
	Other ▶ (PICTURE OF HUSKERS VS OHIO AT MEMORIAL STADIUM)	X	1	30	SELLING PRICE
	Other ▶ (11 WORTH CAFE #1)	X	1	25	SELLING PRICE
	Other ▶ (MANGIA ITALIANA GIFT CERTIFICATE #2)	X	1	25	SELLING PRICE
	Other ▶ (11 WORTH CAFE #2)	X	1	25	SELLING PRICE
	Other ▶ (SGT PEFFER'S GIFT CERTIFICATE)	X	1	25	SELLING PRICE
	Other ▶ (MANGIA ITALIANA GIFT CERTIFICATE #1)	X	1	25	SELLING PRICE
	Other ▶ (CANTINA LAREDO GIFT CERTIFICATE)	X	1	25	SELLING PRICE

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

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

Part II

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

Identifier	Return Reference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	PAUL EDGETT III AND SR PHYLLIS HUGHES - BUSINESS RELATIONSHIP

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134004893

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

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

Employer identification number
47-0376615

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ALEGENT HEALTH-CREIGHTON ST JOSEPH MGD CARE SVCS INC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE SERVICES	NE	ALEGENT CREIGHTON HEALTH	C			

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ALEGENT CREIGHTON HEALTH 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0757164	LICENSED HOSPITAL/ADMINISTRATIVE SUPPORT	NE	501 (C)(3)	L3	N/A		No
ALEGENT CREIGHTON CLINIC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0765154	CLINICAL SERVICES	NE	501 (C)(3)	L3	ALEGENT CREIGHTON HEALTH		No
ALEGENT HEALTH FOUNDATION 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0648586	SUPPORT OF ALEGENT HEALTH AND AFFILIATES EXEMPT ACTIVITIES	NE	501 (C)(3)	L7	ALEGENT CREIGHTON HEALTH		No
ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM 7500 MERCY ROAD OMAHA, NE 68124 47-0484764	LICENSED HOSPITAL	NE	501 (C)(3)	L3	ALEGENT CREIGHTON HEALTH		No
ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA 603 ROSARY DRIVE CORNING, IA 50841 42-0782518	LICENSED HOSPITAL	IA	501 (C)(3)	L3	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM		No
MERCY HEALTH CARE FOUNDATION 603 ROSARY DRIVE CORNING, IA 50841 42-1461064	SUPPORT OF ALEGENT HEALTH MERCY HOSPITAL, CORNING, IA EXEMPT ACTIVITIES	IA	501 (C)(3)	L11 I	ALEGENT HEALTH MERCY HOSPITAL CORNING IOWA		No
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IOWA 631 N 8TH STREET MISSOURI VALLEY, IA 51555 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, IA 51555 42-1294399	SUPPORT OF ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA	IA	501 (C)(3)	L11 I	ALEGENT HEALTH COMMUNITY MEMORIAL HOSPITAL OF MO VALLEY IOWA		No
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER 104 W 17TH STREET SCHUYLER, NE 68661 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, NE 68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER EXEMPT PURPOSE	NE	501 (C)(3)	L11 I	ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER		No
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM EXEMPT ACTIVITIES	IA	501 (C)(3)	L11 I	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM		No
IMMANUEL HEALTH SYSTEMS 6757 NEWPORT AVE STE 200 OMAHA, NE 68152 47-0733774	SUPPORT OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER	NE	501 (C)(3)	L11 III	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVANTAS LLC 11128 JOHN GALD BLVD STE 400 OMAHA, NE 68137 39-2045003	STAFFING OF NURSES	NE	ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	N/A				No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLZ STE 206 OMAHA, NE 68130 20-4267902	AMBULATORY SURGICAL CENTER	NE	ALEGENT CREIGHTON HEALTH	N/A				No			No	
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SERVICES	NE	ALEGENT CREIGHTON HEALTH	N/A				No			No	
OMAHA AMBULATORY INVESTMENT COMPANY LLC 12809 WEST DODGE ROAD OMAHA, NE 68154 06-1786989	PARENT HOLDING COMPANY ASC	NE	ALEGENT CREIGHTON HEALTH	N/A				No			No	
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE 68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEGENT CREIGHTON HEALTH	N/A				No			No	
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE 68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEGENT HEALTH - IMMANUEL MEDICAL CENTER	RELATED	1,648,935	4,585,042		No		Yes		63 480 %
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No	
NEBRASKA SPINE LLC 6901 NORTH 72ND STREET STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ALEGENT CREIGHTON HEALTH	N/A				No			No	

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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

2011

Attachment Sequence No **179**

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

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

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

1 Maximum amount (see instructions)	**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 2010 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 2012 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 2011	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 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 2011 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

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

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2011 Affiliated Group Schedule

Name: ALEGENT HEALTH-IMMANUEL MEDICAL CENTER

EIN: 47-0376615

Affiliated Group Business Name:	ALEGENT CREIGHTON HEALTH
Address. Either US or Foreign Type:	12809 WEST DODGE ROAD OMAHA, NE 68154
EIN:	47-0757164
Electing Organization Checkbox:	☑
Total Grassroots Lobbying:	0
Total Direct Lobbying:	174,575
Total Lobbying Expenditures:	174,575
Other Exempt Purpose Expenditures:	187,093,517
Total Exempt Purpose Expenditures:	187,268,092
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

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	TAX RETURNS FOR ENTITIES OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE PREPARED BY THE SYSTEM TAX DEPARTMENT FOLLOWING THE PREPARATION OF ALEGENT HEALTH-IMMANUEL MEDICAL CENTER FORM 990 BY INTERNAL TAX STAFF, THE RETURN IS REVIEWED BY THE TAX DIRECTOR AND THE CHIEF FINANCIAL OFFICER THE FINAL TAX RETURN IS POSTED ON THE ELECTRONIC DIRECTOR'S PORTAL TO BE REVIEWED BY THE BOARD OF DIRECTORS AND PRESENTED AT THE FINANCE AND AUDIT COMMITTEE OF THE BOARD THE CHIEF FINANCIAL OFFICER AND TAX DIRECTOR ARE PRESENT AT THE FINANCE AND AUDIT COMMITTEE MEETING TO ANSWER ANY QUESTIONS THE COMMITTEE MAY HAVE. ADDITIONALLY, THE BOARD OF DIRECTORS ARE REFERRED TO THE ALEGENT HEALTH TAX DIRECTOR IF THEY HAVE QUESTIONS FINALLY, THE BOARD IS NOTIFIED OF THE DATE THE FINAL FORM 990 WILL BE ELECTRONICALLY FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY - ALEGENT HEALTH-IMMANUEL MEDICAL CENTER HAS ADOPTED THE CONFLICT OF INTEREST POLICY AND CONFLICT INVESTIGATION PROCESS OF ALEGENT CREIGHTON HEALTH, THE PARENT CORPORATION OF THE ALEGENT CREIGHTON HEALTH SYSTEM ANNUAL COMPLETION OF THE DISCLOSURE STATEMENT IS REQUIRED BY THE BOARD OF DIRECTORS STATED DISCLOSURES ARE INVESTIGATED BY THE ALEGENT CREIGHTON 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 CREIGHTON 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 CREIGHTON CLINIC SENIOR VICE PRESIDENT AND CHIEF OPERATIONS OFFICER SENIOR VICE PRESIDENT STRATEGY AND TECHNOLOGY 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 ALEGENTCREIGHTON COM ALEGENT HEALTH-IMMANUEL MEDICAL CENTER DOES NOT MAKE THE FINANCIAL STATEMENTS OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC HOWEVER, THE ARTICLES OF INCORPORATION ARE AVAILABLE AT WWW SOS STATE NE US

Identifier	Return Reference	Explanation
HOURS WORKED BY RELATED ORGANIZATIONS	PART VII, SECTION	HOURS WORKED BY EXECUTIVES AND SOME OF THE EMPLOYEES OF THE ALEGENT CREIGHTON HEALTH SYSTEM ARE SPLIT BETWEEN THE FILING ORGANIZATION AND AFFILIATE ORGANIZATIONS OF THE SYSTEM THE FOLLOWING EXECUTIVES AND EMPLOYEES SPEND AN AVERAGE OF 46 HOURS WORKING FOR AFFILIATE ORGANIZATIONS WITHIN THE SYSTEM RICHARD HACHTEN II, SCOTT WOOTEN, KENNETH LAWONN, JOAN NEUHAUS, RICHARD ROLSTON, MD, RICK MILLER, MD, JANE CARMODY, SHEREE KEELY, ELIZABETH LLEWELLYN, PATRICIA MASEK, FRANK EMSICK, PAUL EBMEIER, PAUL STRAWHECKER, NANCY WALLACE, FRANK EMSICK AND MYLES GART LARRY BROWN, MD IS A FORMER EXECUTIVE OF THE ALEGENT CREIGHTON HEALTH SYSTEM IN HIS CURRENT POSITION AS MEDICAL DIRECTOR OF SERVICE EXCELLENCE, COMMUNITY AND MISSION, HE WORKS 59 HOURS FOR AN AFFILITE ORGANIZATION ANTHONY HATCHER, MD IS AN EMPLOYED PHYSICIAN OF THE ALEGENT CREIGHTON HEALTH SYSTEM AND HIS HOURS ARE SPLIT BETWEEN THE FILING ORGANIZATION AND AFFILIATE ORGANIZATIONS OF THE SYSTEM AVERAGE HOURS PER WEEK FOR AFFILIATE ORGANIZATIONS ARE 54 A BOARD OF DIRECTOR LISTED IN PART VII IS COMPENSATED FOR HIS SERVICES PROVIDED TO A SUPPORTING ORGANIZATION OF THE FILING ORGANIZATION REASONABLE EFFORTS TO OBTAIN THE BOARD OF DIRECTOR'S COMPENSATION FROM THE SUPPORTING ORGANIZATION WAS CONDUCTED PRIOR TO THE FILING OF THIS TAX RETURN HOWEVER, WE WERE UNABLE TO OBTAIN THE INFORMATION FROM THE SUPPORTING ORGANIZATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -11,066,779 JOA CAPITAL EXPENDITURES -330,000 TRANSFERS FROM AFFILIATES 18,678,500 EQUITY IN OTHER CHANGES IN NET ASSETS OF ALEGENT HEALTH -27,563,721 OTHER CHANGES -47,509 TOTAL TO FORM 990, PART XI, LINE 5 -20,329,509

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 16	THE ALEGENT CREIGHTON HEALTH SYSTEM HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, ALEGENT CREIGHTON 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

KPMG

ALEGENT HEALTH – IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Financial Statements

June 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

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

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

Independent Auditors' Report

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

We have audited the accompanying consolidated balance sheets of Alegent Health – Immanuel Medical Center and Affiliates (Immanuel) as of June 30, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of Immanuel's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits We did not audit the financial statements of CHI Operating Investment Program Limited Partnership (a 4% owned limited partnership) at June 30, 2012 Immanuel's investment in CHI Operating Investment Program Limited Partnership at June 30, 2012 was $212,617 and its equity in income of CHI Operating Investment Program Limited Partnership was $5,217 for the year ended June 30, 2012 The financial statements of CHI Operating Investment Program Limited Partnership were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for CHI Operating Investment Program Limited Partnership for 2012, is based solely on the report of the other auditors

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

In our opinion, based on our audits and the report of other auditors for 2012, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Alegent Health – Immanuel Medical Center and Affiliates as of June 30, 2012 and 2011, 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 conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The supplementary information included in Exhibits I, II, and III is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

KPMG LLP

Omaha, Nebraska
September 13, 2012

ALEGENT HEALTH – IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Balance Sheets

June 30, 2012 and 2011

(Amounts in thousands)

Assets	2012	2011
Current assets		
Cash and cash equivalents	$ 81,622	$ 65,515
Patient accounts receivable, net of allowance for uncollectible accounts of $19,784 in 2012 and $18,279 in 2011	26,676	23,529
Other accounts receivable	2,070	1,706
Inventories	3,227	3,946
Prepaid expenses	315	231
Total current assets	113,910	94,927
Assets limited as to use		
Investment in CHI limited partnership	212,617	321,284
Other investments	142,271	783
Total assets limited as to use	354,888	322,067
Property and equipment		
Land	1,911	1,911
Land improvements	8,481	8,496
Buildings and improvements	236,698	231,887
Equipment	88,480	90,028
Construction in progress	3,445	2,680
	339,015	335,002
Less accumulated depreciation	195,455	186,759
Property and equipment, net	143,560	148,243
Other assets		
Property held for investment or future expansion	159	159
Investment in joint ventures	11,898	9,479
Investment in Alegent Health	27,850	50,159
Other assets	38	40
Total other assets	39,945	59,837
Total assets	$ 652,303	$ 625,074

(Continued)

ALEGENT HEALTH – IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Balance Sheets

June 30, 2012 and 2011

(Amounts in thousands)

Liabilities and Net Assets	2012	2011
Current liabilities		
Current portion of long-term debt	$ 4,562	$ 4,357
Accounts payable	2,354	2,197
Accrued salaries, wages, and benefits	473	580
Intercorporate payable	7,791	2,585
Estimated third-party payor settlements	8,639	5,418
Other liabilities and accrued expenses	4,014	3,480
Total current liabilities	27,833	18,617
Long-term debt, net of current portion	125,713	130,275
Other long-term liabilities	818	1,202
Total liabilities	154,364	150,094
Net assets		
Unrestricted	492,544	470,148
Temporarily restricted	3,348	2,785
Permanently restricted	2,047	2,047
Total net assets	497,939	474,980
Total liabilities and net assets	$ 652,303	$ 625,074

See accompanying notes to consolidated financial statements

ALEGENT HEALTH – IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Statements of Operations

Years ended June 30, 2012 and 2011

(Amounts in thousands)

	2012	2011
Unrestricted revenues, gains, and other support		
Net patient service revenue	$ 221,963	$ 222,797
Cafeteria, building rental, sales to nonpatients, and other	17,060	13,593
Total revenues, gains, and other support	239,023	236,390
Operating expenses		
Salaries and wages	93,660	95,469
Employee benefits	27,033	26,671
Supplies	28,191	31,863
Purchased services	28,628	27,011
Professional services	19,520	17,397
Provision for bad debts	15,702	11,589
Other expenses	8,898	7,729
Gain on sale of spine operations	—	(18,692)
Depreciation and amortization	19,592	20,830
Rentals and leases	4,696	4,761
Interest	5,634	5,505
Equity in operating (income) loss of Alegent Health	(5,179)	9,097
Total operating expenses	246,375	239,230
Operating loss	(7,352)	(2,840)
Other income (loss)		
Interest and investment income	1,513	120
Equity in income of investment limited partnership	5,217	52,038
Other, net	(41)	—
Equity in other income of Alegent Health	77	820
Total other income, net	6,766	52,978
Excess (deficiency) of revenues over expenses, before joint operating agreement adjustment	(586)	50,138
Joint operating agreement adjustment	32,737	19,785
Excess of revenues over expenses	32,151	69,923
Other changes in unrestricted net assets		
Contributions for the purchase of property and equipment	24	128
Joint operating agreement adjustment – capital expenditures	(330)	(17,406)
Transfers from (to) other Alegent affiliates	18,679	(39,359)
Equity in other changes in unrestricted net assets of Alegent Health	(28,080)	45,395
Other	(48)	219
Increase in unrestricted net assets	$ 22,396	$ 58,900

See accompanying notes to consolidated financial statements

ALEGENT HEALTH – IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2012 and 2011

(Amounts in thousands)

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Balance, June 30, 2010	$ 411,248	$ 2,445	$ 1,792	$ 415,485
Excess of revenues over expenses	69,923	—	—	69,923
Contributions for the purchase of property and equipment	128	—	—	128
Net assets released from restrictions for use in operations	—	(93)	—	(93)
Contributions restricted by donor	—	30	254	284
Joint operating agreement adjustment – capital expenditures	(17,406)	—	—	(17,406)
Transfers to other Alegent affiliates	(39,359)	—	—	(39,359)
Equity in other changes in net assets of Alegent Health	45,395	454	1	45,850
Change in unrealized gains and losses on investments	—	21	—	21
Other	219	(72)	—	147
Increase in net assets	58,900	340	255	59,495
Balance, June 30, 2011	470,148	2,785	2,047	474,980
Excess of revenues over expenses	32,151	—	—	32,151
Contributions for the purchase of property and equipment	24	—	—	24
Net assets released from restrictions for use in operations	—	(41)	—	(41)
Contributions restricted by donor	—	70	—	70
Joint operating agreement adjustment – capital expenditures	(330)	—	—	(330)
Transfers from other Alegent affiliates	18,679	—	—	18,679
Equity in other changes in net assets of Alegent Health	(28,080)	515	—	(27,565)
Change in unrealized gains and losses on investments	—	19	—	19
Other	(48)	—	—	(48)
Increase in net assets	22,396	563	—	22,959
Balance, June 30, 2012	$ 492,544	$ 3,348	$ 2,047	$ 497,939

See accompanying notes to consolidated financial statements

ALEGENT HEALTH – IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidated Statements of Cash Flows

Years ended June 30, 2012 and 2011

(Amounts in thousands)

	2012	2011
Cash flows from operating activities		
Increase in net assets	$ 22,959	$ 59,495
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	19,592	20,830
Provision for bad debts	15,702	11,589
Gain on sale of spine operations	—	(18,692)
Equity in income of investment limited partnership	(5,217)	(52,038)
Equity in income of joint ventures	(3,544)	(3,215)
Contributions for the purchase of property and equipment	(24)	(128)
Joint operating agreement adjustment – capital expenditures	330	17,406
Transfers to (from) other Alegent affiliates	(18,679)	39,359
Contributions restricted by donor	(70)	(284)
Equity in other changes in net assets of Alegent Health	27,565	(45,850)
Change in unrealized gains and losses on investments	(1,521)	(21)
Other changes in unrestricted net assets	48	(147)
Decrease (increase) in current assets		
Receivables		
Patients	(18,849)	(6,019)
Affiliates	—	21,235
Other	(364)	(1,335)
Inventories	719	724
Prepaid expenses	(84)	—
Increase (decrease) in current liabilities		
Accounts payable	634	(2,621)
Accrued salaries, wages, and benefits	(107)	345
Intercorporate payable	5,206	2,585
Estimated third-party payor settlements	3,221	2,784
Other liabilities and accrued expenses	534	(898)
Net cash provided by operating activities	48,051	45,104
Cash flows from investing activities		
Sales of assets limited as to use	115,060	28,051
Purchases of assets limited as to use	(141,143)	(20,705)
Additions to property and equipment	(15,362)	(16,674)
Proceeds from sale of spine operations	—	21,943
Equity in other changes in net assets of Alegent Health	(27,565)	45,850
Decrease (increase) in investment in Alegent Health	22,309	(37,573)
Distributions from joint ventures	1,125	1,734
Increase in other long-term assets and liabilities	(382)	(722)
Net cash provided by (used in) investing activities	(45,958)	21,904
Cash flows from financing activities		
Principal payments on long-term debt	(4,357)	(3,933)
Proceeds from issuance of long-term debt	—	25,587
Transfers from (to) other Alegent affiliates	18,679	(39,359)
Joint operating agreement adjustments – capital expenditures	(330)	(17,406)
Restricted contributions and interest	70	284
Other changes in unrestricted net assets	(48)	147
Net cash provided by (used in) financing activities	14,014	(34,680)
Net increase in cash and cash equivalents	16,107	32,328
Cash and cash equivalents, beginning of year	65,515	33,187
Cash and cash equivalents, end of year	$ 81,622	$ 65,515
Supplemental disclosure of cash flow information		
Cash paid during the year for interest (net of amount capitalized)	$ 5,634	$ 5,505

See accompanying notes to consolidated financial statements

(1) Organization

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

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

Alegent Health – Immanuel Medical Center

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

Alegent Health – Memorial Hospital, Schuyler, Nebraska

Significant intercorporate accounts and transactions have been eliminated in the consolidation

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

(2) Summary of Significant Accounting Policies

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

(a) Use of Estimates

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

(b) Cash and Cash Equivalents

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

(c) Investments

At June 30, 2012 and 2011, 60% and 99% of Immanuel's investment portfolio is invested in the Catholic Health Initiative (CHI) investment limited partnership (note 4) Investment in the CHI limited partnership is recorded using the equity method of accounting with the related equity in income reported as other income in the accompanying consolidated financial statements

During the year ended June 30, 2012, Immanuel invested in a fixed income commingled fund structured as a common trust fund which is recorded in other investments on the consolidated balance sheets Upon investing in the fund, Immanuel elected the fair value option as allowed by

(Amounts in thousands)

U S GAAP to record its interest in the fund at fair value Immanuel elected to record this investment at fair value in order to measure this investment at amounts that more accurately reflect the nature of the investment The financial reporting results of accounting for the investment under fair value are consistent with the results if Immanuel had utilized the equity method In order to estimate fair value, Immanuel utilizes net asset value as reported by the fund manager as a practical expedient to fair value As Immanuel has elected to record this investment at fair value, changes in fair value of this investment are recorded in investment and other income, which is included within excess of revenue and expenses, in the consolidated statements of operations Immanuel has the ability to liquidate its interest in the fund each quarter with 30 days notice Immanuel had not committed any additional funding to this fund as of June 30, 2012

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, 2012 and 2011, Immanuel capitalized approximately $147 and $535, respectively, of interest

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

(f) Investment in Joint Ventures

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

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

(g) Long-Lived Assets

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

(h) Temporarily and Permanently Restricted Net Assets

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

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

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

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

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

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

(3) general economic conditions,

(4) the possible effect of inflation or deflation,

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

(6) other resources of Immanuel, and

(7) the investment policies of Immanuel

(i) Donor-Restricted Gifts

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

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

(j) Net Patient Service Revenue

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

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

Immanuel provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because Immanuel does not pursue collection of amounts once determined to qualify as charity care, they are not reported as revenue in the consolidated statements of operations The cost of services and supplies furnished under Immanuel's charity policy aggregated approximately $8,276 and $8,332 in 2012 and 2011, respectively

(l) Excess of Revenues over Expenses

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

(m) Estimated Malpractice Costs

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

(n) Fair Value of Financial Instruments

The carrying amounts of cash and cash equivalents, accounts receivable, estimated third-party payor settlements, and payables approximate fair value due to the short duration of these instruments Fair value for investments is based on quoted market prices, if available, or estimated using quoted market prices for similar securities The carrying amount of the investment in the CHI investment limited partnership is based on the equity method which equals the net asset value reported by the limited partnership, which approximates fair value The fair value of long-term debt as of June 30, 2012 and 2011 is approximately $135,644 and $141,896, respectively

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

(o) Asset Retirement Obligations

Immanuel recognizes the fair value of liabilities for legal obligations associated with asset retirements in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made Over time, the obligation is accreted to its present value each period Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations Immanuel's obligations relate to estimates of the costs to abate clinical and administrative facilities containing asbestos and to replace underground storage tanks At June 30, 2012 and 2011, this long-term liability totaled $818 and $1,202, respectively

(p) Income Taxes

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

Immanuel recognizes the effect of income tax positions only if those positions are more likely than not of being sustained Such tax positions, which are more than 50% likely of being realized, are measured at their highest value Changes in recognition or measurement are reflected in the period in which the change in judgment occurs During 2012 and 2011, management determined that there are no income tax positions requiring recognition in the consolidated financial statements

(q) Reclassifications

Certain balances from 2011 have been reclassified to conform to the current year presentation

(3) Joint Operating Agreement

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

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

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

In connection with the activities and events described above, certain administrative functions of Immanuel and Bergan are performed at Alegent These administrative functions include human resources, information systems, planning and marketing, legal, system management, accounting and finance, and other centralized functions During 2012 and 2011, approximately $41,800 and $38,672, respectively, of such expenses were charged back to Immanuel and are reflected in operating expenses in the accompanying consolidated statements of operations

The Agreement contains provisions related to dissolution that generally provide for distribution of the assets based on fair market value Distribution percentages vary depending upon the manner in which dissolution occurs (note 16)

In connection with the Agreement, Immanuel has recorded an adjustment to excess of revenues over expenses of $32,737 and $19,785 for the years ended June 30, 2012 and 2011, respectively, representing the sharing of the operating results of Immanuel and Bergan In addition, $(330) and $(17,406) have been reflected as adjustments to net assets in 2012 and 2011, respectively, which reflect the sharing of capital expenditures for the same periods

(Amounts in thousands)

Immanuel has recorded its 50% share of the income (loss) of Alegent and affiliates of $5,256 and $(8,277) for the years ended June 30, 2012 and 2011, respectively, which is reflected as equity in operating income and other income of Alegent in the accompanying consolidated statements of operations

At June 30, 2012 and 2011, Immanuel had recorded an intercorporate payable of $7,791 and $2,585, respectively, as a result of these transactions

(4) Assets Limited as to Use

The composition of assets limited as to use at June 30, 2012 and 2011 is set forth in the following table

	2012	2011
Assets limited as to use		
Investment in CHI investment limited partnership	$ 212,617	$ 321,284
Fixed income common trust fund	140,338	—
Cash and cash equivalents	1,114	507
Marketable debt securities	—	275
Pledges receivable	1	1
Other	818	—
Total	$ 354,888	$ 322,067

Immanuel has an undivided interest in the CHI investment limited partnership Immanuel accounts for its investment in the investment partnership using the equity method of accounting At June 30, 2012 and 2011, the value of the CHI investment limited partnership approximated $5 5 billion and $6 0 billion, respectively, with Immanuel's ownership interest approximating 4% and 5%, respectively Immanuel's investment in the CHI investment limited partnership is comprised of the following as of June 30, 2012 and 2011

	2012	2011
Fixed income	$ 109,569	$ 155,004
Equity	103,048	166,280
Total	$ 212,617	$ 321,284

(Continued)

(Amounts in thousands)

The CHI investment limited partnership is comprised of the following investment classifications as of June 30, 2012 and 2011

	2012	2011
Cash and cash equivalents	5%	9%
Common stocks	41	40
Corporate and other bonds	10	11
U S government securities	3	3
Fixed income funds	20	15
Hedge funds	8	8
Private equity funds	6	6
Real estate funds	4	4
Foreign currency exchange contracts	2	3
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, 2012 and 2011

	2012	2011
Statements of operations		
Interest and investment income	$ 1,513	$ 120
Equity in income of investment limited partnership	5,217	52,038
Total investment income, gains, and losses	$ 6,730	$ 52,158

(5) Net Patient Service Revenue

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

(a) Medicare

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

(Continued)

(Amounts in thousands)

(b) Nebraska and Iowa Medicaid

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

Revenue from the Medicare and Medicaid programs accounted for approximately 34% and 15%, respectively, of Immanuel's net patient revenue for the year ended June 30, 2012, and 33% and 16%, respectively, of Immanuel's net patient revenue for the year ended June 30, 2011 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 2012 and 2011 net patient service revenue increased approximately $1,842 and $717, respectively, due to the removal of allowances previously estimated that were no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations

Immanuel also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

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

	2012	2011
Gross patient charges		
Inpatient charges	$ 308,947	$ 330,192
Outpatient charges	252,375	240,173
Total gross patient charges	561,322	570,365
Less		
Deductions from gross patient charges		
Contractual adjustments – Medicare, Medicaid, and other	339,359	347,568
Net patient service revenue	$ 221,963	$ 222,797

(Continued)

(Amounts in thousands)

(6) Long-Term Debt

Long-term debt as of June 30, 2012 and 2011 consists of the following

	2012	2011
Notes payable to CHI, due in monthly installments through December 1, 2028 with a weighted average yield of 4.35% during 2012	$ 48,488	$ 51,422
Notes payable to CHI, due in monthly installments through December 1, 2039 with a weighted average yield of 4.35% during 2012	80,884	82,248
Other long-term obligations	903	962
	130,275	134,632
Less current maturities	4,562	4,357
Long-term debt, excluding current maturities	$ 125,713	$ 130,275

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

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

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

(Continued)

(Amounts in thousands)

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

2013	$	4,562
2014		4,801
2015		5,040
2016		5,290
2017		5,542
Thereafter		105,040

(7) Retirement Plans

Alegent Health Retirement 403(b) Plan

Beginning January 1, 2010, Immanuel participates in the Alegent 403(b) savings plan Participating employees can contribute a portion of their salary to the plan, subject to IRS regulations Immanuel makes matching contributions up to a maximum of 3% based on salary and a fixed contribution up to 6% based on years of service Pension expense related to this plan for the years ended June 30, 2012 and 2011 was $4,215 and $3,835, respectively

Alegent Health Multioptional Pension Plan

Immanuel participates in the Alegent multioptional pension plan covering substantially all of the Health System's employees During 2009, Alegent's board of directors approved a resolution to freeze the plan effective January 1, 2010 Generally, employees were eligible for participation after completing one year of service in which the employee completed 1,000 hours or more of service and had attained the age of 19 This Plan covered eligible employees as of January 1, 2010 For each plan year, a retirement benefit was provided for as a percentage of the eligible participant's annual compensation Employee contributions to the plan were not permitted except for certain rollover provisions Benefits earned under the plan are available to participants at a normal retirement age of 65, with early retirement available to participants who have reached the age of 55 and are 100% vested Benefits vest after three years of service Pension expense for Immanuel for the years ended June 30, 2012 and 2011 was $421 and $610, respectively Separate information applicable to Immanuel is not available

(8) Fair Value Measurements

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

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Immanuel has the ability to access at the measurement date

(Continued)

(Amounts in thousands)

- 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 The investment in the fixed income common trust fund is valued based on the fund's net asset value, as supplied by the trust and this valuation is reviewed by Immanuel's management and used as a practical expedient to fair value Classification as Level 2 is based on Immanuel's ability to redeem its interest in the near term
- 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 There were no transfers between Level 1 and Level 2 measurements during the year ended June 30, 2012

The following tables present assets and liabilities that are measured at fair value on a recurring basis at June 30, 2012 and 2011

		Fair value measurements at reporting date using		
	June 30, 2012	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	$ 81,622	$ 81,079	$ 543	$ —
Assets limited as to use				
Cash and cash equivalents	1,114	282	832	—
Fixed income common trust fund	140,338	—	140,338	—
Other	818	—	818	—
Total	$ 223,892	$ 81,361	$ 142,531	$ —

(Continued)

(Amounts in thousands)

	June 30, 2011	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	$ 65,515	$ 63,566	$ 1,949	$ —
Assets limited as to use				
Cash and cash equivalents	507	46	461	—
Corporate and asset-backed securities	275	—	275	—
Total	$ 66,297	$ 63,612	$ 2,685	$ —

(9) Concentrations of Credit Risk

Immanuel grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2012 and 2011 approximates the following:

	2012	2011
Medicare	33%	33%
Medicaid	23	22
Managed care	23	24
Self-pay	19	20
Commercial and other	2	1
	100%	100%

(10) Insurance Programs

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

(Continued)

(Amounts in thousands)

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

Immanuel is also self-insured under its employee group health and dental programs Included in the accompanying consolidated statements of operations are estimates of the ultimate costs for both reported claims and claims incurred but not yet reported at year-end related to such claims

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

(11) Laws and Regulations

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

(12) Functional Expenses

Immanuel provides health care services primarily to residents within its geographic location Expenses included in the consolidated statements of operations as they relate to provision of these services are as follows for the years ended June 30, 2012 and 2011

	2012	2011
Health care services	$ 218,431	$ 212,966
General and administrative	27,944	26,264
Total operating expenses	$ 246,375	$ 239,230

(13) Meaningful Use of Certified Electronic Health Record Technology Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments beginning in 2011 to certain hospitals and professionals that implement and achieve meaningful use of certified electronic health record (EHR) technology in ways that demonstrate improved quality and effectiveness of care Eligibility for annual Medicare incentive payments is dependent on providers

(Continued)

(Amounts in thousands)

demonstrating meaningful use of EHR technology in each period over a four-year period An initial Medicaid incentive payment is available to providers that adopt, implement, or upgrade certified EHR technology However, in order to receive additional Medicaid incentive payments in subsequent years, providers must demonstrate continued meaningful use of EHR technology

Immanuel accounts for meaningful use incentive payments under the gain contingency model Medicare EHR incentive payments are recognized as revenues when eligible providers demonstrate meaningful use of certified EHR technology and the cost report information for the full cost report year that will determine the full calculation of the incentive payment is available Medicaid EHR incentive payments are recognized as revenues when an eligible provider demonstrates meaningful use of certified EHR technology For fiscal year 2012, Immanuel recognized $1,400 of Medicare meaningful use revenues and $1,600 of Medicaid meaningful use revenues in its consolidated statement of operations

(14) EPIC

During 2012, Alegent's board of directors approved the implementation of the Epic system Epic provides a single-platform integrated Electronic Health Record for hospital and ambulatory patients The first ambulatory clinic go-live is scheduled for September 2013 and first hospital go-live is scheduled for late 2013 Phased go-lives continue through early 2015 The estimated capital investment is $74,000 and total five-year project-related expenses are estimated at $32,600 Through the capital sharing provisions of the Agreement, Immanuel will ultimately be financially responsible for 50% of the costs of this project

(15) Joint Ventures

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

	2012	2011
Investment in joint ventures		
Memorial Community Hospital Corporation and Affiliate	$ 7,772	$ 6,878
Prairie Health Ventures, LLC	4,119	2,595
Other	7	6
Total investment in joint ventures	$ 11,898	$ 9,479

(Amounts in thousands)

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

	2012	2011
Financial position		
Total assets	$ 53,795	$ 50,403
Total liabilities	24,610	24,992
Net assets	29,185	25,411
Total liabilities and net assets	$ 53,795	$ 50,403
Results of operations		
Revenue	$ 40,490	$ 36,770
Change in equity	6,670	3,082

Total equity in income of joint ventures was $3,544 and $3,215 in 2012 and 2011, respectively

(16) Subsequent Events

On July 1, 2012, Immanuel's parent corporation entered into a letter of intent with CHI stating its intent to resign its sponsorship, thereby CHI would become the sole corporate member of Alegent and all of the related entities The change in sponsorship would result in CHI obtaining full control over Alegent and its affiliates, thus dissolving the Joint Operating Agreement discussed in note 3

On September 1, 2012, Alegent acquired certain assets, licenses, and contracts of Creighton University Medical Center (CUMC) for $40 million CUMC is a 220-bed acute care hospital located in Omaha, Nebraska Commensurate with the purchase, Alegent entered into a Strategic Affiliation Agreement with Creighton University (Creighton) whereby Alegent hospitals (including the former CUMC location) will become the primary teaching sites for the Creighton School of Medicine The related agreements require payments by Alegent for costs associated with medical residents and other educational support Alegent received a contribution of $50 million from Creighton to support its new academic mission Creighton also contributed all of the assets and liabilities of its medical practice operations (Creighton Medical Associates) to Alegent

Immanuel has evaluated subsequent events from the combined balance sheet date through September 13, 2012, the date at which the consolidated financial statements were available to be issued, and determined there are no other items to disclose

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Balance Sheet Information

June 30, 2012

(Amounts in thousands)

Assets	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate	Alegent Health—Memorial Hospital, Schuyler, Nebraska	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Current assets					
Cash and cash equivalents	$ 70,466	$ 9,874	$ 1,282	$ —	$ 81,622
Patient accounts receivable	39,472	4,654	2,334	—	46,460
Less allowance for uncollectible accounts	17,884	1,064	836	—	19,784
Net patient accounts receivable	21,588	3,590	1,498	—	26,676
Intercorporate receivable	—	206	749	(955)	—
Other accounts receivable	1,695	—	375	—	2,070
Inventories	2,521	475	231	—	3,227
Prepaid expenses	315	—	—	—	315
Total current assets	96,585	14,145	4,135	(955)	113,910
Assets limited as to use					
Investment in CHI limited partnership	212,617	—	—	—	212,617
Other investments	132,736	7,834	1,701	—	142,271
Total assets limited as to use	345,353	7,834	1,701	—	354,888
Property and equipment					
Land	1,800	105	6	—	1,911
Land improvements	8,065	142	274	—	8,481
Buildings and improvements	222,392	6,886	7,420	—	236,698
Equipment	79,969	4,695	3,816	—	88,480
Construction in progress	3,443	—	2	—	3,445
	315,669	11,828	11,518	—	339,015
Less accumulated depreciation	179,731	8,496	7,228	—	195,455
Property and equipment, net	135,938	3,332	4,290	—	143,560
Other assets					
Property held for investment or future expansion	—	159	—	—	159
Investment in subsidiaries	31,307	—	—	(31,307)	—
Investment in joint ventures	11,898	—	—	—	11,898
Other assets	38	—	—	—	38
Investment in Alegent Health	27,850	—	—	—	27,850
Total other assets	71,093	159	—	(31,307)	39,945
Total assets	$ 648,969	$ 25,470	$ 10,126	$ (32,262)	$ 652,303

(Continued)

Exhibit I

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Balance Sheet Information

June 30, 2012

(Amounts in thousands)

Liabilities and Net Assets	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate	Alegent Health—Memorial Hospital, Schuyler, Nebraska	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Current liabilities					
Current portion of long-term debt	$ 4,500	$ 5	$ 57	$ —	$ 4,562
Accounts payable	2,022	267	65	—	2,354
Accrued salaries, wages, and benefits	104	267	102	—	473
Intercorporate payable	8,746	—	—	(955)	7,791
Estimated third-party payor settlements	6,924	1,627	88	—	8,639
Other liabilities and accrued expenses	3,895	63	56	—	4,014
Total current liabilities	26,191	2,229	368	(955)	27,833
Long-term debt, net of current portion	124,104	291	1,318	—	125,713
Other long-term liabilities	735	4	79	—	818
Total liabilities	151,030	2,524	1,765	(955)	154,364
Net assets					
Unrestricted	492,544	22,576	8,388	(30,964)	492,544
Temporarily restricted	3,348	116	(29)	(87)	3,348
Permanently restricted	2,047	254	2	(256)	2,047
Total net assets	497,939	22,946	8,361	(31,307)	497,939
Total liabilities and net assets	$ 648,969	$ 25,470	$ 10,126	$ (32,262)	$ 652,303

See accompanying independent auditors' report

Exhibit II

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Statement of Operations Information

Year ended June 30, 2012

(Amounts in thousands)

	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate, Inc	Alegent Health—Memorial Hospital, Schuyler	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Unrestricted revenues, gains, and other support					
Gross patient charges					
Inpatient charges	$ 300,008	$ 9,396	$ 1,883	$ —	$ 308,947
Outpatient charges	206,980	32,103	13,280	—	252,375
	507,054	38,499	15,163	—	561,322
Less					
Deductions from gross patient charges					
Contractual adjustments and other	320,482	15,509	3,368	—	339,359
Net patient service revenue	187,172	22,990	11,801	—	221,963
Cafeteria, building rental, sales to nonpatients, and other	17,023	373	534	(870)	17,060
Total revenues, gains, and other support	204,195	23,363	12,335	(870)	239,023
Operating expenses					
Salaries and wages	66,734	7,059	3,632	16,235	93,660
Employee benefits	18,701	1,941	989	5,402	27,033
Supplies	24,845	2,208	716	302	28,191
Intercorporate services	41,800	—	—	(41,800)	—
Purchased services	16,694	4,540	2,526	4,868	28,628
Professional services	11,237	3,959	2,098	2,226	19,520
Provision for bad debts	14,303	918	481	—	15,702
Other expenses	1,051	295	189	7,363	8,898
Depreciation and amortization	14,101	329	337	4,825	19,592
Rentals and leases	4,298	569	211	(382)	4,696
Interest	5,540	12	51	31	5,634
Equity in operating income of subsidiaries	(2,578)	—	—	2,578	—
Equity in operating income of Alegent Health	(5,170)	—	—	—	(5,170)
Total operating expenses	211,547	21,890	11,230	1,708	246,375
Operating income (loss)	(7,352)	1,473	1,105	(2,578)	(7,352)
Other income (loss)					
Interest and investment income (loss)	1,124	353	36	—	1,513
Equity in income of investment limited partnership	5,217	—	—	—	5,217
Other, net	(41)	—	—	—	(41)
Equity in other income of subsidiaries	389	—	—	(389)	—
Equity in other income of Alegent Health	72	—	—	—	72
Total other income, net	6,760	353	36	(389)	6,760
Excess (deficiency) of revenues over expenses, before joint operating agreement adjustment	(580)	1,826	1,141	(2,967)	(580)
Joint operating agreement adjustment	32,737	—	—	—	32,737
Excess of revenues over expenses	32,157	1,826	1,141	(2,967)	32,157
Other changes in unrestricted net assets					
Contributions for the purchase of property and equipment	4	21	(1)	—	24
Joint operating agreement adjustment – capital expenditures	(330)	—	—	—	(330)
Transfers from other Alegent affiliates	18,679	—	—	—	18,679
Equity in other changes in unrestricted net assets of subsidiaries	20	—	—	(20)	—
Equity in other changes in unrestricted net assets of Alegent Health	(28,080)	—	—	—	(28,080)
Other	(48)	—	—	—	(48)
Increase in unrestricted net assets	$ 22,302	$ 1,847	$ 1,140	$ (2,987)	$ 22,302

See accompanying independent auditors' report

ALEGENT HEALTH—
IMMANUEL MEDICAL CENTER AND AFFILIATES

Consolidating Statement of Changes in Net Assets Information

Year ended June 30, 2012

(Amounts in thousands)

	Alegent Health—Immanuel Medical Center	Alegent Health—Community Memorial Hospital and Affiliate, Inc.	Alegent Health—Memorial Hospital, Schuyler	Eliminations	Alegent Health—Immanuel Medical Center and Affiliates Consolidated
Unrestricted					
Balance, June 30, 2011	$ 470,148	$ 20,729	$ 7,248	$ (27,977)	$ 470,148
Excess of revenues over expenses	32,151	1,826	1,141	(2,967)	32,151
Contributions for the purchase of property and equipment	4	21	(1)	—	24
Joint operating agreement adjustment – capital expenditures	(330)	—	—	—	(330)
Transfers to other Alegent affiliates	18,679	—	—	—	18,679
Equity in other changes in unrestricted net assets of subsidiaries	20	—	—	(20)	—
Equity in other changes in unrestricted net assets of Alegent Health	(28,080)	—	—	—	(28,080)
Other	(48)	—	—	—	(48)
Increase in unrestricted net assets	22,396	1,847	1,140	(2,987)	22,396
Balance, June 30, 2012	$ 492,544	$ 22,576	$ 8,388	$ (30,964)	$ 492,544
Temporarily restricted					
Balance, June 30, 2011	$ 2,785	$ 75	$ (36)	$ (39)	$ 2,785
Net assets released from restrictions for use in operations	—	(23)	(18)	—	(41)
Contributions restricted by donor	—	45	25	—	70
Change in unrealized gains and losses on investments, net	—	19	—	—	19
Equity in other changes in temporarily restricted net assets of subsidiaries	48	—	—	(48)	—
Equity in other changes in temporarily restricted net assets of Alegent Health	515	—	—	—	515
Increase in temporarily restricted net assets	563	41	7	(48)	563
Balance, June 30, 2012	$ 3,348	$ 116	$ (29)	$ (87)	$ 3,348
Permanently restricted					
Balance, June 30, 2011	$ 2,047	$ 254	$ 2	$ (256)	$ 2,047
Equity in other changes in permanently restricted net assets of Alegent Health	—	—	—	—	—
Increase in permanently restricted net assets	—	—	—	—	—
Balance, June 30, 2012	$ 2,047	$ 254	$ 2	$ (256)	$ 2,047

See accompanying independent auditors' report

Additional Data

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

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

4d. Other program services

(Code) (Expenses $ 168,883,574 including grants of $ 4,468,663) (Revenue $ 51,454,675)

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

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			
NANCY WALLACE VP-HUMAN RESOURCES	14 00				X			79,059	253,664	66,131
MYLES GART CHIEF QUALITY OFFICER	14 00				X			48,818	156,633	10,275
ARUN SHARMA MD PHYSICIAN	60 00					X		430,709	0	38,878
MICHAEL COY MD PHYSICIAN	60 00					X		373,235	0	24,915
THOMAS FRANCO MD PHYSICIAN	60 00					X		345,926	0	2,105
ANTHONY HALAT MD PHYSICIAN	60 00					X		331,325	0	35,390
MICHAEL EGGER MD PHYSICIAN	60 00					X		329,084	0	41,328
FRED HOSLER MD FORMER SVP/CMO	0 00						X	128,385	411,924	889
MARK KESTNER MD FORMER SVP/CMO	0 00						X	31,265	100,313	1,669
LARRY BROWN MD ACC-INTERIM CEO CLINICS	1 00						X	0	650,762	42,928
FRANK EMSICK FACILITIES OPERATIONS EXEC	14 00						X	96,334	177,005	15,597
MARTIN HICKEY MD SVP/CEO CLINICS	0 00						X	124,948	400,899	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE ANDERSEN DIRECTOR	4 00	X						0	0	0
SR LILLIAN MURPHY RSM DIRECTOR	4 00	X						0	0	0
ANTHONY HATCHER DO SECRETARY/TREASURER	6 00	X		X				0	441,770	19,914
JOHN HEWITT CHAIR	6 00	X		X				0	0	0
MARTIN MANCUSO MD DIRECTOR	4 00	X						0	18,500	0
ANTOINETTE HARDY-WALLER RN DIRECTOR	4 00	X						0	17,500	0
RICHARD VIERK DIRECTOR	4 00	X						0	26,500	0
MICHAEL DEFREECE VICE CHAIR	6 00	X		X				0	0	0
PAUL EDGETT III DIRECTOR	4 00	X						0	0	0
ERIC GURLEY DIRECTOR	4 00	X						0	0	0
H KEITH SCHMODE DIRECTOR	4 00	X						0	18,500	0
GUILLERMO HUERTA MD DIRECTOR	4 00	X						0	0	0
SR PHYLLIS HUGHES DIRECTOR	4 00	X						0	0	0
RICHARD HACHTEN II PRESIDENT & CEO	14 00			X				410,160	1,316,001	297,951
SCOTT WOOTEN SVP/CFO	14 00			X				168,211	539,707	134,300
JOAN NEUHAUS SVP/COO	14 00			X				152,163	488,218	179,065
KENNETH LAWONN SVP/STRATEGY AND TECHNOLOG	14 00			X				134,243	430,723	115,906
RICK MILLER MD SVP/CQO	14 00			X				96,768	310,479	86,623
RICHARD ROLSTON MD ACC-PRESIDENT & CEO	14 00			X				111,683	358,338	1,280,141
JANE CARMODY SVP/CNO	14 00				X			80,430	258,061	52,886
PAUL EBMEIER COO-ACC	14 00				X			0	393,678	80,834
SHEREE KEELY VP-BEHAVIORAL HEALTH SVC	14 00				X			50,914	163,360	44,935
ELIZABETH LLEWELLYN VP-MISSION INTEGRATION	14 00				X			61,848	198,440	49,772
PATRICIA MASEK VP-MEDICAL AFFAIRS	14 00				X			55,023	176,545	66,079
ANN SCHUMACHER COO-IMC	60 00				X			96,914	310,951	86,976