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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 FOUNDATION MERCY HOSPITAL

Doing Business As

ALEGENT HEALTH FOUNDATION

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

12809 WEST DODGE ROAD

Room/suite

City or town, state or country, and ZIP + 4

OMAHA, NE 68154

F Name and address of principal officer

SCOTT M WOOTEN

12809 WEST DODGE ROAD

OMAHA, NE 68154

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.ALEGENTCREIGHTON.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1982

M State of legal domicile

NE

Part I

Summary

Activities & Governance	<div>1</div>	Briefly describe the organization's mission or most significant activities SUPPORT THE HEALTHCARE MINISTRY OF ALEGENT HEALTH
	<div>2</div>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<div>3</div>	Number of voting members of the governing body (Part VI, line 1a)
	<div>4</div>	Number of independent voting members of the governing body (Part VI, line 1b)
	<div>5</div>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)
	<div>6</div>	Total number of volunteers (estimate if necessary)
	<div>7a</div>	Total unrelated business revenue from Part VIII, column (C), line 12
	<div>7b</div>	Net unrelated business taxable income from Form 990-T, line 34
Revenue	<div>8</div>	Contributions and grants (Part VIII, line 1h)
	<div>9</div>	Program service revenue (Part VIII, line 2g)
	<div>10</div>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	<div>11</div>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<div>12</div>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	<div>13</div>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	<div>14</div>	Benefits paid to or for members (Part IX, column (A), line 4)
	<div>15</div>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	<div>16a</div>	Professional fundraising fees (Part IX, column (A), line 11e)
	<div>b</div>	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 995,154
	<div>17</div>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	<div>18</div>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	<div>19</div>	Revenue less expenses Subtract line 18 from line 12
	<div>20</div>	Total assets (Part X, line 16)
	<div>21</div>	Total liabilities (Part X, line 26)
	<div>22</div>	Net assets or fund balances Subtract line 21 from line 20

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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 \$ 322,567 including grants of \$ 322,567) (Revenue \$ 963,015)
ALEGENT HEALTH FOUNDATION DISTRIBUTED \$322,567 TO ALEGENT CREIGHTON HEALTH SERVICE LINES, LAKESIDE HOSPITAL AND MIDLANDS HOSPITAL DURING FISCAL YEAR 2012 THE FOUNDATION PROVIDED SUPPORT IN FOUR PRIMARY AREAS (1) MISSION INTEGRATION PROGRAMS FOR HEALTHIER COMMUNITIES AND FAITH-BASED HEALTH EDUCATION PROGRAMS, (2) PROFESSIONAL DEVELOPMENT AND SCHOLARSHIPS, (3) GENERAL OPERATING SUPPORT, AND (4) BEHAVIORAL SERVICE PROGRAMS AND EQUIPMENT	

4b	(Code) (Expenses \$ 17,759 including grants of \$ 17,759) (Revenue \$ 51,775)
ALEGENT HEALTH FOUNDATION DISTRIBUTED \$17,759 TO BERGAN MERCY MEDICAL CENTER AND MERCY HOSPITAL-COUNCIL BLUFFS IN FISCAL YEAR 2012 THE FOUNDATION PROVIDED SUPPORT IN THREE PRIMARY AREAS (1) PROFESSIONAL DEVELOPMENT, (2) ORTHOPEDICS EQUIPMENT, AND (3) ONCOLOGY SERVICES PATIENT ASSISTANCE PROGRAMS	

4c	(Code) (Expenses \$ 9,323 including grants of \$ 9,323) (Revenue \$ 20,710)
ALEGENT HEALTH FOUNDATION SUPPORTS THE HEALTHCARE MINISTRY OF ALEGENT CREIGHTON HEALTH SYSTEM THE FOUNDATION DISTRIBUTED \$9,323 TO IMMANUEL MEDICAL CENTER AND RELATED FACILITIES DURING FISCAL YEAR 2012 THE FOUNDATION PROVIDED SUPPORT IN THREE PRIMARY AREAS (1) CAPITAL CONSTRUCTION AND RENOVATION PROJECTS, (2) GENERAL OPERATING SUPPORT, AND (3) REHABILITATION CENTER EQUIPMENT AND PROGRAMS	



















	(Code) (Expenses \$ 28,547 including grants of \$ 28,516) (Revenue \$ 0)
IN ADDITION TO SUPPORTING ALEGENT CREIGHTON HEALHT, ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM AND ALEGENT HEALTH-IMMANUEL MEDICAL CENTER , ALEGENT HEALTH FOUNDATION ALSO GRANTS SCHOLARSHIPS TO QUALIFIED RECIPIENTS AND ACTIVELY ENCOURAGES, RECEIVES AND MANAGES INDIVIDUAL GIFTS, BEQUEST, MEMORIAL, PLANNED OR DEFERRED GIFTS AND CONTRIBUTIONS SUCH AS REAL ESTATE AND OTHER PROPERTY	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 28,547 including grants of \$ 28,516) (Revenue \$)	

4e	Total program service expenses \$ 378,196
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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, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		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		No
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		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 <input checked="" type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	5		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its 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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	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
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	No
	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	No
16b	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	

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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			
(1) JOANNE JARVIS CHAIR	2 00	X		X				0	0	0
(2) DAN MCKINNEY MD DIRECTOR	2 00	X						0	0	0
(3) THOMAS BELFORD DIRECTOR	2 00	X						0	0	0
(4) THERESA BARRON-MCKEAGNEY PHD DIRECTOR	2 00	X						0	0	0
(5) MATHEW GRONSTAL DIRECTOR	2 00	X						0	0	0
(6) PATRICK TUCKER DIRECTOR	2 00	X						0	0	0
(7) BILL BEAVERS SECRETARY/TREASURER	2 00	X		X				0	0	0
(8) ALLEN DVORAK MD VICE CHAIR	2 00	X		X				0	0	0
(9) PAUL STRAWHECKER CHIEF DEVELOPMENT OFFICER	60 00			X				0	80,348	330,709
(10) RICHARD HACHTEN II ACH PRESIDENT & CEO	2 00			X				0	1,726,160	297,951
(11) SCOTT WOOTEN ACH SVP/CFO	2 00			X				0	707,918	134,300

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	2,514,426	762,960

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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 ►0

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				
	c	Fundraising events	1c	159,991			
	d	Related organizations	1d	282,598			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,476,443			
	g	Noncash contributions included in lines 1a-1f \$ 49,385					
	h	Total. Add lines 1a-1f		1,919,032			
Program Service Revenue	2a	ADMIN REIMBURSEMENT	Business Code 900099	1,035,500	1,035,500		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,035,500			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		384,735			384,735
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	312,627			
b		Less cost or other basis and sales expenses		0			
c		Gain or (loss)		312,627			
d		Net gain or (loss)		312,627			312,627
8a		Gross income from fundraising events (not including \$ 159,991 of contributions reported on line 1c) See Part IV, line 18					
		a	154,990				
b		Less direct expenses	b	142,824			
c		Net income or (loss) from fundraising events . .		12,166			12,166
9a		Gross income from gaming activities See Part IV, line 19					
		a	11,070				
b		Less direct expenses	b	7,754			
c		Net income or (loss) from gaming activities . .		3,316			3,316
10a		Gross sales of inventory, less returns and allowances					
	a						
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		3,667,376	1,035,500	0	712,844	

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	350,215	350,215		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	27,950	27,950		
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				
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	526,655		21,066	505,589
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	37,522		1,501	36,021
10	Payroll taxes	40,805		1,632	39,173
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	31	31		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	48,526		48,526	
g	Other	75,637		3,025	72,612
12	Advertising and promotion				
13	Office expenses	30,884			30,884
14	Information technology				
15	Royalties				
16	Occupancy	2,961		2,961	
17	Travel	12,808			12,808
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,398			6,398
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,564		9,564	
23	Insurance				
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	183,608			183,608
b	TAXES AND LICENSES	65,041			65,041
c	OTHER	43,020			43,020
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,461,625	378,196	88,275	995,154
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			944,352	3	780,877
	4	Accounts receivable, net				4	
	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				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	122,871			
	b	Less: accumulated depreciation	10b	77,759	54,676	10c	45,112
	11	Investments—publicly traded securities			14,731,343	11	14,966,871
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			15,730,371	16	15,792,860	
Liabilities	17	Accounts payable and accrued expenses			6,934	17	5,948
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				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			2,052,628	25	339,082
	26	Total liabilities. Add lines 17 through 25			2,059,562	26	345,030
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			4,961,093	27	5,709,134
28		Temporarily restricted net assets			5,128,053	28	6,157,033
29		Permanently restricted net assets			3,581,663	29	3,581,663
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			13,670,809	33	15,447,830
34	Total liabilities and net assets/fund balances			15,730,371	34	15,792,860	

Part XI Reconciliation 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	3,667,376
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,461,625
3	Revenue less expenses Subtract line 2 from line 1	3	2,205,751
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,670,809
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-428,730
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	15,447,830

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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		

Additional Data

Software ID:
Software Version:
EIN: 47-0648586
Name: ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

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

4d. Other program services			
(Code	) (Expenses \$	28,547	including grants of \$ 28,516) (Revenue \$ 0)
IN ADDITION TO SUPPORTING ALEGENT CREIGHTON HEALHT, ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM AND ALEGENT HEALTH-IMMANUEL MEDICAL CENTER , ALEGENT HEALTH FOUNDATION ALSO GRANTS SCHOLARSHIPS TO QUALIFIED RECIPIENTS AND ACTIVELY ENCOURAGES, RECEIVES AND MANAGES INDIVIDUAL GIFTS, BEQUEST, MEMORIAL, PLANNED OR DEFERRED GIFTS AND CONTRIBUTIONS SUCH AS REAL ESTATE AND OTHER PROPERTY			

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 FOUNDATION MERCY HOSPITAL	Employer identification number 47-0648586
--	--

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 Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.")	2,687,943	2,801,079	2,085,015	1,084,639	1,372,827	10,031,503
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	2,687,943	2,801,079	2,085,015	1,084,639	1,372,827	10,031,503
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)						317,039
6 Public Support. Subtract line 5 from line 4						9,714,464

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	2,687,943	2,801,079	2,085,015	1,084,639	1,372,827	10,031,503
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,347	102,384	264,036	379,184	384,735	1,318,686
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				4,692	35,485	40,177
11 Total support (Add lines 7 through 10)						11,390,366

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

126,242,499

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	85 290 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	81 050 %

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 IIIPart 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
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME

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 ALEGENT HEALTH FOUNDATION MERCY HOSPITAL	Employer identification number 47-0648586
--	--

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)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)		(b)
		Yes	No	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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		31
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			31
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

Employer identification number
47-0648586

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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
1c	
1d	
1e	
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	8,709,716	7,799,364	6,884,246	7,744,172	
b Contributions	1,489,425	743,105	892,471	1,259,786	
c Investment earnings or losses	90,735	945,736	606,317	-901,726	
d Grants or scholarships	27,950	13,283	19,993	7,750	
e Other expenditures for facilities and programs	523,230	765,206	563,677	1,210,236	
f Administrative expenses					
g End of year balance	9,738,696	8,709,716	7,799,364	6,884,246	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 37 000 %

c

Term endowment ▶ 63 000 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

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				
b Buildings		26,803	15,860	10,943
c Leasehold improvements				
d Equipment		96,068	61,899	34,169
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				45,112

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	3,667,376
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,461,625
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,205,751
4	Net unrealized gains (losses) on investments	4	-417,922
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,808
9	Total adjustments (net) Add lines 4 - 8	9	-428,730
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,777,021

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE HELD TO HELP WITH THE ORGANIZATIONAL OPERATIONS OF ALEGENT CREIGHTON HEALTH, ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM & ALEGENT HEALTH-IMMANUEL MEDICAL CENTER
PART XI, LINE 8 - OTHER ADJUSTMENTS		TEMPORARY NET ASSETS RELEASED FROM RESTRICTIONS -10,808
		PART X, LINE 2 - ALL RELATED ENTITIES HAVE BEEN RECOGNIZED AS NOT-FOR-PROFIT CORPORATIONS BY THE INTERNAL REVENUE SERVICE AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE, EXCEPT THE PARTNERSHIP SPECIFICALLY LISTED. ALEGENT RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. SUCH TAX POSITIONS, WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT THEIR HIGHEST VALUE. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. DURING 2012 AND 2011, MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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 FOUNDATION MERCY HOSPITAL

Employer identification number
47-0648586

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
			<u>JEWELS OF AUTUMN</u>	<u>EVENING WITH</u>	<u>1</u>		
			(event type)	FRIENDS	(total number)		
1	Gross receipts	. . . .	186,440	67,091	61,450	314,981	
2	Less Charitable contributions	. . . .	104,559	27,442	27,990	159,991	
3	Gross income (line 1 minus line 2)	. . . .	81,881	39,649	33,460	154,990	
Direct Expenses	4	Cash prizes	. . . .	0	0	0	
	5	Non-cash prizes	. . . .	46,481	14,341	1,766	62,588
	6	Rent/facility costs	. . . .	2,834	0	6,122	8,956
	7	Food and beverages	. . . .	15,745	13,860	28,551	58,156
	8	Entertainment	. . . .	500	0	0	500
	9	Other direct expenses	. . . .	4,837	5,116	2,671	12,624
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(142,824)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					12,166

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
	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
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

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

Employer identification number
47-0648586

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) AH-BERGAN MERCY HEALTH SYSTEM7500 MERCY ROAD OMAHA,NE 68124	47-0484764	501(C)(3)	17,759				FURTHER EXEMPT PURPOSE
(2) AH-IMMANUEL MEDICAL CENTER6901 NORTH 72ND STREET OMAHA,NE 68122	47-0376615	501(C)(3)	9,323				FURTHER EXEMPT PURPOSE
(3) ALEGENT CREIGHTON HEALTH12809 WEST DOGDE ROAD OMAHA,NE 68154	47-0757164	501(C)(3)	322,567				FURTHER EXEMPT PURPOSE

2

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

3

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) SCHOLARSHIPS	31	27,950			

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 ALEGENT HEALTH FOUNDATION PROVIDES GRANTS TO ONLY RELATED 501(C)(3) ORGANIZATIONS WHICH SUPPORT THE SAME MISSION AND PURPOSE AS ALEGENT HEALTH FOUNDATION
		SCHEDULE I, PART I, LINE 1 THE STEVEN L CARPER MEMORIAL SCHOLARSHIP IS AWARDED TO STUDENTS WHO MEET THE ELIGIBILITY OF BEING ENROLLED STUDENTS OF THE IMMANUEL SCHOOL OF RESPIRATORY THERAPY CARE A COMMITTEE WITHIN THE IMMANUEL SCHOOL OF RESPIRATORY THERAPY CARE SHALL SELECT RECIPIENTS OF THESE AWARDS THE COMMITTEE CHOSEN MAY ESTABLISH REASONABLE CRITERIA FOR THE GRANT WITH ACADEMIC EXCELLENCE AS THE DETERMINING FACTOR ELIGIBILITY FOR THE GLEN B EICH EDUCATION FUND FOR RADIOLOGY CONTINUING EDUCATION IS LIMITED TO INDIVIDUALS EMPLOYED IN THE RADIOLOGY FIELD AT IMMANUEL MEDICAL CENTER A COMMITTEE WITHIN THE IMMANUEL RADIOLOGY DEPARTMENT SHALL SELECT RECIPIENTS OF THESE SCHOLARSHIPS THE COMMITTEE CHOSEN MAY ESTABLISH REASONABLE CRITERIA FOR THE GRANT FACTOR HANS M LINK HEALTHCARE EDUCATION SCHOLARSHIPS ARE FOR STUDENTS PURSUING AN EDUCATION IN HEALTHCARE FIELDS INCLUDING NURSING, OCCUPATIONAL, PHYSICAL, RESPIRATORY OR RECREATIONAL THERAPY, MEDICAL RECORDS, RADIOLOGICAL TECHNOLOGY, MEDICAL TECHNOLOGY, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT RECIPIENTS MUST ATTEND AN ACCREDITED SCHOOL, BE CONSIDERED FULL TIME STUDENTS BY THE CRITERIA OF THEIR RESPECTIVE SCHOOLS, AND HAVE AN INTEREST AND DESIRE TO SERVE HEALTHCARE NEEDS APPLICANTS MUST ALREADY BE ACCEPTED INTO THE SCHOOL OR HEALTH DEGREE PROGRAM TO BE ELIGIBLE STUDENTS PURSUING DOCTORAL DEGREES ARE INELIGIBLE APPLICANTS WILL BE SELECTED BASED ON SEVERAL CRITERIA INCLUDING BUT NOT LIMITED TO FINANCIAL NEED, ACADEMIC PERFORMANCE, AND SUBMITTED LETTERS OF RECOMMENDATION PREFERENCE WILL BE GIVEN TO APPLICANTS WHO ARE PERSONALLY AFFILIATED WITH IMMANUEL MEDICAL CENTER AND THE IMMANUEL HEALTH SYSTEMS OR WHO HAVE FAMILY MEMBERS WHOM ARE AFFILIATED THE MARY HEUERMANN SCHOLARSHIP IS NOT AVAILABLE BY APPLICATION THIS IS A DISCRETIONARY SCHOLARSHIP FOR APPLICANTS THAT MERIT, BUT DID NOT RECEIVE THE HANS M LINK OR HEALTHCARE EDUCATION SCHOLARSHIP A COMMITTEE OF IMMANUEL MEDICAL CENTER REPRESENTATIVES WILL AWARD SCHOLARSHIPS AT THEIR DISCRETION PREFERENCE WILL BE GIVEN TO APPLICANTS WHO ARE PERSONALLY AFFILIATED WITH IMMANUEL MEDICAL CENTER AND THE IMMANUEL HEALTH SYSTEMS OR WHO HAVE FAMILY MEMBERS WHOM ARE AFFILIATED BARBARA K GOODRICH IMMANUEL AUXILIARY NURSING SCHOLARSHIP IS AVAILABLE TO IMMANUEL MEDICAL CENTER EMPLOYEES WHO ARE ENROLLED IN AN ACCREDITED EDUCATIONAL INSTITUTION ON A FULL-TIME BASIS, AS DETERMINED BY THE SCHOOL THE APPLICANT MUST BE PURSUING A DEGREE IN A NURSING SPECIFIC PROGRAM AND MAINTAIN A GPA OF AT LEAST 3.2 ON A 4.0 SCALE THIS SCHOLARSHIP IS A NON-NEED BASED, MERIT SCHOLARSHIP THE FOLLOWING CRITERIA WILL BE USED TO SELECT RECIPIENTS OF THIS SCHOLARSHIP COMMITMENT TO NURSING AND PROFESSIONAL DEVELOPMENT, DEMONSTRATION OF OUTSTANDING CHARACTER AND VALUES, VOLUNTEERISM AND COMMUNITY INVOLVEMENT, AND POTENTIAL TO CONTRIBUTE TO IMMANUEL MEDICAL CENTER, THE OMAHA COMMUNITY AND THE PROFESSIONAL PRACTICE OF NURSING WILLIAM D VANN AND FAMILY PHYSICAL & OCCUPATIONAL THERAPY AWARD IS AVAILABLE TO STUDENTS WHO ARE FULL-TIME, PART-TIME, OR ON-CALL EMPLOYEES OF ALEGENT HEALTH AND ANY UNDERGRADUATE STUDENTS WHO HAVE ACHIEVED JUNIOR STANDING OR HIGHER WITH A MINIMUM GRADE POINT AVERAGE OF 2.50 STUDYING ONE OF THE FOLLOWING HEALTHCARE FIELDS OCCUPATIONAL, PHYSICAL, RESPIRATORY, OR RECREATIONAL THERAPY AT AN ACCREDITED EDUCATIONAL INSTITUTION IN OMAHA AND SURROUNDING AREAS, BE CONSIDERED FULL OR PART-TIME STUDENTS BY THE CRITERIA OF THEIR RESPECTIVE SCHOOL, AND HAVE AN INTEREST AND DESIRE TO SERVE HEALTH CARE NEEDS APPLICANTS MUST ALREADY BE ACCEPTED INTO THE SCHOOL OR HEALTH DEGREE PROGRAM TO BE ELIGIBLE STUDENTS PURSUING DOCTORAL DEGREES ARE INELIGIBLE APPLICANTS WILL BE SELECTED BASED ON SEVERAL CRITERIA INCLUDING BUT NOT LIMITED TO FINANCIAL NEED, ACADEMIC PERFORMANCE, AND LETTERS OF RECOMMENDATION SUBMITTED PREFERENCE WILL BE GIVEN TO APPLICANTS WHO ARE PERSONALLY AFFILIATED WITH THE IMMANUEL MEDICAL CENTER AND THE IMMANUEL HEALTH SYSTEMS OR WHO HAVE FAMILY MEMBERS WHOM ARE AFFILIATED LAKESIDE CHARITABLE COUNCIL AWARDS SCHOLARSHIPS ANNUALLY TO RECOGNIZE THE GIFT OF TIME GIVEN BY TEEN VOLUNTEERS ANY HIGH SHCOOL SENIOR WHO HAS VOLUNTEERED A MINIMUM OF 100 HOURS IN THE PAST YEAR IS ELIGIBLE TO APPLY FOR A \$250 SCHOLARSHIP APPLICANTS MUST BE PERMANENT RESIDENTS OF NEBRASKA AND HIGH SCHOOL SENIORS ATTENDING OMAHA, MILLARD OR ELKHORN SCHOOL DISTRICT APPLICANTS MUST CURRENTLY BE AN ACTIVE VOLUNTEER AT ALEGENT HEALTH LAKESIDE HOSPITAL A MINIMUM OF SIX MONTHS SERVICE AS A VOLUNTEER AT ALEGENT HEALTH LAKESIDE HOSPITAL IS REQUIRED APPLICANTS OF THE MERCY HOSPITAL PROFESSIONAL DEVELOPMENT AND MAGNET SCHOLARSHIP MUST BE CURRENTLY WORKING FOR ALEGENT HEALTH-MERCY HOSPITAL, COUNCIL BLUFFS FOR A MINIMUM OF A YEAR AND IN GOOD STANDING ONLY STAFF NURSES AND NURSE LEADERS AT MERCY THAT HAVE A RECOMMENDATION FROM THEIR SUPERVISOR ARE ELIGIBLE FOR THE SCHOLARSHIP APPLICANTS WILL BE SELECTED BASED ON SEVERAL CRITERIA INCLUDING, BUT NOT LIMITED TO FINANCIAL NEED, ACADEMIC PERFORMANCE, AND LETTERS OF RECOMMENDATION SUBMITTED APPLICANTS OF THE MIDLANDS HOSPITAL TEEN SCHOLARSHIP MUST BE IN THE HIGH SCHOOL GRADUATING CLASS OF 2012 STUDENTS MUST ALSO BE AN ACTIVE MIDLANDS HOSPITAL VOLUNTEER IN GOOD STANDING AT THE TIME OF THE APPLICATION APPLICANTS WILL BE SELECTED BASED ON SEVERAL CRITERIA INCLUDING BUT NOT LIMITED TO APPLICATION RESPONSES, ACADEMIC PERFORMANCE, AND LETTERS OF RECOMMENDATION SELECTION WILL BE WEIGHTED BASED ON THE APPLICANTS CONTRIBUTIONS OF TIME AND TALENT TO ALEGENT HEALTH MIDLANDS HOSPITAL AND THE COMMUNITY THE SISTER INGEBORD SCHOLARSHIP IS OFFERED TO ENCOURAGE AND PROVIDE OPPORTUNITIES FOR CONTINUING PROFESSIONAL EDUCATION AND DEVELOPMENT FOR ALEGENT HEALTH-IMMANUEL MEDICAL CENTER EMPLOYEES ONLY ALEGENT HEALTH-IMMANUEL MEDICAL CENTER EMPLOYEES IN GOOD STANDING WITH SIX MONTHS OR MORE OF FULL TIME OR PART TIME SERVICE MAY APPLY FOR THE SCHOLARHSIP FULL TIME EMPLOYEES MAY RECEIVE A MAXIMUM AWARD OF \$500 AND PART TIME EMPLOYEES MAY RECEIVE A MAXIMUM AWARD OF \$250 APPLICANTS MUST INCLUDE A LETTER OF REFERENCE COMPLETED BY A SUPERVISOR OR DEPARTMENT OPERATIONS DIRECTOR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization

ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

Employer identification number

47-0648586

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	Yes
b	Any related organization?	6b	Yes
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	

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.

[illegible]

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, LINES 4A-B	THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS EXECUTIVES OF ALEGENT CREIGHTON HEALTH 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, II - \$346,579. THE FOLLOWING REPORTABLE INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT CREIGHTON HEALTH (A RELATED ORGANIZATION) DURING THE 2011 CALENDAR YEAR. AMOUNTS DEFERRED FROM THE PLAN WERE INCLUDED IN COLUMN C OF THE SCHEDULE J. RICHARD HACHTEN II - \$141,223. SCOTT WOOTEN - \$58,678. PAUL STRAWHECKER - \$4,227. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED A PAY OUT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FROM ALEGENT CREIGHTON HEALTH (A RELATED ORGANIZATION) DURING THE 2011 CALENDAR YEAR. AMOUNTS PAID OUT WERE INCLUDED IN TAXABLE WAGES FOR THE INDIVIDUAL AND REPORTED IN COLUMN E OF THE SCHEDULE J. RICHARD HACHTEN II - \$116,268. SCOTT WOOTEN - \$48,613.
	PART I, LINE 6	COMPENSATION FOR MEMBERS OF MANAGEMENT OF ALEGENT CREIGHTON HEALTH AND RELATED ENTITIES IS DETERMINED AT A SYSTEM LEVEL. SCOTT WOOTEN, RICHARD HACHTEN II AND PAUL STRAWHECKER ARE MEMBERS OF ALEGENT CREIGHTON HEALTH MANAGEMENT AND 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	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 THAN THE NON-PROFIT SECTOR. TOTAL COMPENSATION INCLUDES BASE COMPENSATION, AND ALSO INCLUDES PERFORMANCE-BASED INCENTIVE COMPENSATION FOR ACHIEVING BOARD-SET GOALS FOR CLINICAL QUALITY, PATIENT SAFETY AND SATISFACTION, PHYSICIAN PERCEPTION, STRATEGIC AND FACILITY PLANNING AND FINANCIAL PERFORMANCE. IT MAY ALSO INCLUDE OTHER CASH PAYMENTS SUCH AS ONE-TIME RELOCATION COSTS, AND/OR CASH PAYMENTS FOR DEFERRED COMPENSATION. ADDITIONALLY, COMPENSATION FOR NON EXECUTIVE LEVEL MANAGEMENT POSITIONS WITHIN THE ALEGENT CREIGHTON HEALTH SYSTEM ARE DETERMINED BY THE ALEGENT CREIGHTON HEALTH HUMAN RESOURCE DEPARTMENT. THE HUMAN RESOURCE DEPARTMENT COMPARES MANAGEMENT COMPENSATION LEVELS TO SIMILAR POSITIONS WITHIN THE GEOGRAPHICAL AREA IN ORDER TO DETERMINE REASONABLE COMPENSATION. 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.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

Employer identification number
47-0648586

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 ► ()		See Add'l Data		
26 Other ►()				
27 Other ►()				
28 Other ► ()				

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

29

0

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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 III

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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Additional Data

Software ID:
Software Version:
EIN: 47-0648586
Name: ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

	(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 0+CT CUSHION Other ▶ (<u>DIAMOND</u>)	X	1	5,500	FMV
JACKSON HOLE SKI Other ▶ (<u>PACKAGE</u>)	X	1	4,000	FMV
RITZ CARLTON & AMERICAN EXPRESS Other ▶ (<u>GIFT CARDS</u>)	X	1	3,500	FMV
ORLANDO VACATION, \$500 GC, \$500 TEETH Other ▶ (<u>WHITENING</u>)	X	1	3,400	FMV
BILLBOARD FOR 30 DAYS AND Other ▶ (<u>PRODUCTION</u>)	X	1	3,200	FMV
VACATION FOR 2-4 AT MARRIOTT CANYON Other ▶ (<u>VILLAS</u>)	X	1	2,500	FMV
2 BLEED POSTERS FOR 4 Other ▶ (<u>WEEKS</u>)	X	1	1,500	FMV
30 MINUTE HELICOPTER RIDE FOR 2 Other ▶ (<u>PEOPLE</u>)	X	1	1,200	FMV
NONPAREIL Other ▶ (<u>ADVERTISING</u>)	X	1	1,000	FMV
PAINTING "HAPPY Other ▶ (<u>DAYS"</u>)	X	1	750	FMV
LUXURY SUITE FOR Other ▶ (<u>18</u>)	X	1	675	FMV
SILENT AUCTION ITEM DONATIONS Other ▶ (<u>-MISC</u>)	X	1	655	FMV
TEETH BLEACHING Other ▶ (<u>FOR TWO</u>)	X	1	600	FMV
APPLE IPAD Other ▶ (<u>2 TABLET</u>)	X	1	600	FMV
INSPIRON Other ▶ (<u>DUO</u>)	X	1	600	FMV
3 MONTH Other ▶ (<u>MEMBERSHIP</u>)	X	1	560	FMV
3 MONTH Other ▶ (<u>MEMBERSHIP</u>)	X	1	560	FMV
FIRE STATION BIRTHDAY Other ▶ (<u>PARTY</u>)	X	1	545	FMV
JOHNSON LAKE CABIN WEEKEND Other ▶ (<u>TRIP</u>)	X	1	500	FMV
GIFT Other ▶ (<u>CERTIFICATES</u>)	X	1	500	FMV
FOLDOVER CALFSKIN CLUTCH Other ▶ (<u>PURSE</u>)	X	1	450	FMV
MISCELLANEOUS AUCTION Other ▶ (<u>ITEMS</u>)	X	1	420	FMV
FREE DESIGN Other ▶ (<u>CONSULTATION</u>)	X	1	400	FMV
COLLEGE WORLD SERIES Other ▶ (<u>TKTS (4)</u>)	X	1	400	FMV
(2) MEN'S BASKETBALL Other ▶ (<u>SEASON</u>)	X	1	380	FMV
NECKLACE Other ▶ (<u>& EARRINGS</u>)	X	1	375	FMV
PAINTING "BLUE Other ▶ (<u>PITCHER"</u>)	X	1	350	FMV
US OLYMPIC SWIM Other ▶ (<u>TRIALS BOX</u>)	X	1	350	FMV
HOODIES,SHIRTS Other ▶ (<u>JACKETS</u>)	X	1	310	FMV
SERVICE GUARD Other ▶ (<u>CERTIFICATE</u>)	X	1	300	FMV

	(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
Other ▶ (PRIVATE TOUR FOR 20)	X	1	300	FMV
Other ▶ ((2) ONE NIGHT STAY W/FOOD)	X	1	300	FMV
Other ▶ (SHERATON DES MOINES- ONE NT)	X	1	300	FMV
Other ▶ (SHERATON DES MOINE- ONE NT)	X	1	300	FMV
Other ▶ (AUTO DETAIL)	X	1	300	FMV
Other ▶ (4 ROUNDS OF GOLF W/CART)	X	1	260	FMV
Other ▶ (2 GC \$129 EACH)	X	1	258	FMV
Other ▶ (PERSONAL CHEF SERVICE)	X	1	250	FMV
Other ▶ (AUTOGRAPHED CUBS JERSEY)	X	1	250	FMV
Other ▶ (1 YEAR SUPPLY OF DAIRY PROD)	X	1	250	FMV
Other ▶ (PAPIO BAY SEASON PASS)	X	1	240	FMV
Other ▶ ((2) 6 MONTH MEMBERSHIPS)	X	1	240	FMV
Other ▶ (4 NE FOOTBALL TICKETS AND 1 PARKING PASS)	X	1	239	FMV
Other ▶ (ROUND OF GOLF FOR 4)	X	1	220	FMV
Other ▶ (ITEMS FOR CABIN FEVER GIFT BASKET)	X	1	211	FMV
Other ▶ (AKSARBEN RACE PHOTO)	X	1	200	FMV
Other ▶ (RUN FOR THE ROSES- RUNNING BASKET)	X	1	200	FMV
Other ▶ ((2) MEN'S SOCCER SEASON TKTS)	X	1	200	FMV
Other ▶ (CREAM COLORED NATIVITY AND PEWTER NATIVITY SETS)	X	1	200	FMV
Other ▶ (WINE GIFT BASKET AND GIFT CERTIFICATES)	X	1	200	FMV
Other ▶ (DONATED ITEMS FOR SILENT AUCTION)	X	1	195	FMV
Other ▶ (ONE NIGHT STAY CERTIFICATE)	X	1	189	FMV
Other ▶ (18 HOLES OF GOLF W/CART FOR 4 PLAYERS)	X	1	186	FMV
Other ▶ (SONY CYBERSHOT DIGITAL CAMERA & BEST BUY GC)	X	1	179	FMV
Other ▶ (SNOCCONE,POPCORN,COTTON CDY)	X	1	175	FMV
Other ▶ (FREE SESSION & 8X10)	X	1	171	FMV
Other ▶ (KENTUCKY DERBY BASKET)	X	1	170	FMV
Other ▶ (BASKETBALL AND FOOTBALL TICKETS)	X	1	168	FMV
Other ▶ ((2) WOMENS SOCCER SEASON TKTS)	X	1	160	FMV
Other ▶ ((4) WEEKLY GROUNDS PASSES)	X	1	160	FMV

	(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
Other ► (2 TICKET TO THIS IS OPERA)	X	1	158	FMV
Other ► (DAISY, DAISY, LADY BUG WATERCOLOR, GOLD FRAME)	X	1	150	FMV
Other ► (BIRTHDAY PARTY FOR 10)	X	1	150	FMV
Other ► (HEART HEALTHY)	X	1	150	FMV
Other ► (VISIT FROM SANTA)	X	1	150	FMV
Other ► (MARGARITA FIESTA PARTY)	X	1	150	FMV
Other ► (2 TICKETS SESSION 17)	X	1	137	FMV
Other ► (HAND CRAFTED CEDAR CHEST)	X	1	135	FMV
Other ► (4 CU MEN'S B-BALL TICKETS)	X	1	135	FMV
Other ► (GARDEN TREASURES)	X	1	130	FMV
Other ► (\$130 GIFT CERTIFICATE)	X	1	130	FMV
Other ► (ONE NIGHT STAY CERTIFICATE)	X	1	130	FMV
Other ► (ONE NIGHT STAY CERTIFICATE)	X	1	129	FMV
Other ► (ONE NIGHT STAY CERTIFICATE)	X	1	125	FMV
Other ► (GIFT BASKET FACIAL PRODUCTS)	X	1	125	FMV
Other ► (14 PC WURSTHUT KNIFE SET)	X	1	125	FMV
Other ► (2 OPERA TICKETS)	X	1	120	FMV
Other ► (WINE & WOMEN FASHION PARTY)	X	1	120	FMV
Other ► (POKER & MARTINI PARTY)	X	1	120	FMV
Other ► (HUSKER FOOTBALL TICKETS)	X	1	112	FMV
Other ► (GIFT BASKET)	X	1	110	FMV
Other ► (MULHALLS GIFT CARD)	X	1	100	FMV
Other ► (4 FREE OIL CHANGES)	X	1	100	FMV
Other ► (FRAMED PHOTOGRAPH -FARM)	X	1	100	FMV
Other ► (LADIES PERSONAL CARE)	X	1	100	FMV
Other ► (HENRY DOORLY ZOO GIFT CARD)	X	1	100	FMV
Other ► (LEGENDS RIVALRY PHOTO)	X	1	100	FMV
Other ► (12 VISIT CARD TO LAKESIDE WELLNESS CENTER)	X	1	100	FMV
Other ► (2 \$50 GIFT CERTIFICATES)	X	1	100	FMV
Other ► (FOUR \$25 GIFT CERTIFICATES & CREIGHTON BASKETBALL)	X	1	100	FMV

	(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
PEARL & CRYSTAL CROSS Other ▶ (<u>NECKLACE</u>)	X	1	95	FMV
4 ROUNDS GOLF & 2 PAPIO PARK Other ▶ (<u>WRISTBANDS</u>)	X	1	92	FMV
HOME PARTY Other ▶ (<u>BASKET</u>)	X	1	90	FMV
2 TICKETS TO "DRACULA" Other ▶ (<u>PRESENTATION</u>)	X	1	90	FMV
5 BOOKS (W/BOOK STAND & OTHER Other ▶ (<u>THINGS</u>)	X	1	88	FMV
FLORAL Other ▶ (<u>ARRNAGEMENT</u>)	X	1	85	FMV
HOMEMADE AFGHAN Other ▶ (<u>BLANKET</u>)	X	1	75	FMV
ANN NYE MINI- HEART Other ▶ (<u>W/STAND</u>)	X	1	75	FMV
FRAMED PHOTOGRAPH Other ▶ (<u>-CHERRIES</u>)	X	1	75	FMV
TRIPLE CROWN Other ▶ (<u>DRINK KIT</u>)	X	1	75	FMV
4 STORM CHASER TKTS Other ▶ (<u>W/PARKING</u>)	X	1	75	FMV
GIFT CARD & PASTRY & NOBBIES Other ▶ (<u>GIFT CARD</u>)	X	1	75	FMV
FALL Other ▶ (<u>WREATH</u>)	X	1	75	FMV
OUTDOOR BIRDFEEDER AND BIRD Other ▶ (<u>SEED</u>)	X	1	70	FMV
MASSAGE ENVY GIFT Other ▶ (<u>CARD</u>)	X	1	70	FMV
GIFT CARD/T- Other ▶ (<u>SHIRT</u>)	X	1	69	FMV
ONE HOUR MASSAGE & Other ▶ (<u>MULHALLS</u>)	X	1	65	FMV
WHOLE SMOKED Other ▶ (<u>SALMON</u>)	X	1	65	FMV
RED CUT GLASS SHAKER & MARTINI Other ▶ (<u>GLASSES</u>)	X	1	62	FMV
GIFTS & THINGS COFFEE Other ▶ (<u>BASKET</u>)	X	1	60	FMV
PEGGY KARR "AKSARBEN" Other ▶ (<u>PLATE</u>)	X	1	60	FMV
NOBBIES GIFT CARD, Other ▶ (<u>BOOKS</u>)	X	1	60	FMV
CHILD'S FIRE ENGINE Other ▶ (<u>AND HEROS</u>)	X	1	55	FMV
4 ADMISSION TICKETS TO Other ▶ (<u>ZOO</u>)	X	1	54	FMV
(4) OMAHA ZOO Other ▶ (<u>PASSES</u>)	X	1	54	FMV
BORSHIEMS HEART Other ▶ (<u>PAPERWT</u>)	X	1	50	FMV
VARIETY GIFT Other ▶ (<u>BASKET</u>)	X	1	50	FMV
WIRE HORSE/HORSE Other ▶ (<u>PRINT</u>)	X	1	50	FMV
WINE STOPPER & Other ▶ (<u>WINE</u>)	X	1	50	FMV
BISTRO Other ▶ (<u>BASKET</u>)	X	1	50	FMV

	(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
Other ► (JEWELRY TRAYS, NECKLACE)	X	1	50	FMV
Other ► (HOMERUN DERBY PORCH TICKETS, WALMART GC, ZOO GC)	X	1	50	FMV
Other ► (FLEMINGS GIFT CARD)	X	1	50	FMV
Other ► (FLEMINGS GIFT CARD)	X	1	50	FMV
Other ► (GIFT BASKET)	X	1	50	FMV
Other ► (GIFT BASKET)	X	1	50	FMV
Other ► (OMAHA BEEF TKTS (8))	X	1	50	FMV
Other ► (\$45 GIFT CERTIFICATE)	X	1	45	FMV
Other ► (SPA PEDICURE CERTIFICATE)	X	1	45	FMV
Other ► (THERMAL TOTE)	X	1	42	FMV
Other ► (PORTFOLIO/GAS GIFT CARD & OIL CHANGES)	X	1	40	FMV
Other ► (\$40 GIFT CERTIFICATE (W/DOME CAKE SET))	X	1	40	FMV
Other ► (6 ONE FREE COMBO MEAL CARDS)	X	1	30	FMV
Other ► (\$25 GIFT CERTIFICATE)	X	1	25	FMV
Other ► (LUSH GREEN PLANT)	X	1	25	FMV
Other ► (\$25 GIFT CARD)	X	1	25	FMV
Other ► (\$25 GIFT CERTIFICATE)	X	1	25	FMV
Other ► (\$25 GIFT CERTIFICATE)	X	1	25	FMV
Other ► (\$25 GIFT CERTIFICATE)	X	1	25	FMV
Other ► (ICE CREAM CAKE 8" & SNO CONES, ETC)	X	1	22	FMV
Other ► ((2) ACTIVITY WRISTBANDS)	X	1	20	FMV
Other ► (SOARING WINGS WINE (2))	X	1	20	FMV
Other ► (\$20 GIFT CERTIFICATE & HAMPTON)	X	1	20	FMV
Other ► (\$20 GIFT CERTIFICATE & HAMPTON)	X	1	20	FMV
Other ► (\$20 GIFT CERTIFICATE & KATINAS)	X	1	20	FMV
Other ► (DILLY BAR GIFT CERTIFICATE & 4 ZOO PASS)	X	1	10	FMV
Other ► (\$10 GIFT CERTIFICATE)	X	1	10	FMV

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 FOUNDATION MERCY HOSPITAL	Employer identification number 47-0648586
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALEGENT HEALTH FOUNDATION HAS ONE MEMBER, ALEGENT CREIGHTON HEALTH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ALEGENT CREIGHTON HEALTH MAY DESIGNATE ITS BOARD CHAIR AND/OR ITS CHIEF EXECUTIVE OFFICER, OR HIS/HER DESIGNEE, TO SERVE EX OFFICIO WITHOUT VOTE, AS SPONSORSHIP ADVISOR TO THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO ALL THE RIGHTS AND POWERS GRANTED BY LAW WITH RESPECT TO THE GOVERNANCE OF THIS CORPORATION, THE MEMBER SHALL HAVE THE RIGHT TO A INITIATE AND APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION B INITIATE AND APPROVE JOINT VENTURES IN WHICH CORPORATION PROPOSES TO PARTICIPATE PURSUANT TO GUIDELINES ESTABLISHED FROM TIME TO TIME BY THE MEMBER C APPROVE AND REMOVE, WITH OR WITHOUT CAUSE, ALL MEMBERS OF THE BOARD OF DIRECTORS D INITIATE AND APPROVE THE SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF CORPORATION E INITIATE AND APPROVE THE DISSOLUTION, LIQUIDATION, MERGER OR CONSOLIDATION OF CORPORATION F INITIATE AND APPROVE THE INCORPORATION OR DISSOLUTION OF AFFILIATED ENTITIES OF CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	TAX RETURNS FOR ENTITIES OF THE ALEGENT CREIGHTON HEALTH SY STEM ARE PREPARED BY THE SY STEM TAX DEPARTMENT FOLLOWING THE PREPARATION OF ALEGENT HEALTH FOUNDATION FORM 990 BY ALEGENT CREIGHTON HEALTH INTERNAL TAX STAFF, THE RETURN IS REVIEWED BY THE ALEGENT CREIGHTON HEALTH TAX DIRECTOR AND THE CHIEF FINANCIAL OFFICER ADDITIONALLY , THE BOARD OF DIRECTORS ARE PROVIDED A WEB LINK THAT DIRECTS THEM TO THE FINAL TAX RETURN AND ALL REQUIRED SCHEDULES QUESTIONS ARE REFERRED TO THE ALEGENT CREIGHTON HEALTH TAX DIRECTOR AND THE BOARD IS NOTIFIED OF THE DATE THE TAX RETURN WILL BE FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	WRITTEN CONFLICT OF INTEREST POLICY - ALEGENT HEALTH FOUNDATION 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 ALEGENT HEALTH FOUNDATION 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 C, LINE 19	THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW.ALEGENTCREIGHTON.COM. ALEGENT HEALTH FOUNDATION DOES NOT MAKE THE FINANCIAL STATEMENTS OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. HOWEVER, THE ARTICLES OF INCORPORATION ARE AVAILABLE AT WWW.SOS.STATE.NE.US.

Identifier	Return Reference	Explanation
	PART VII, SECTION A	RICHARD HACHTEN II AND SCOTT WOOTEN ARE EXECUTIVES OF THE ALEGENT CREIGHTON HEALTH SYSTEM AND AVERAGE HOURS PER WEEK WORKED FOR AFFILIATE ORGANIZATIONS IS 60

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -417,922 TEMPORARY NET ASSETS RELEASED FROM RESTRICTIONS -10,808 TOTAL TO FORM 990, PART XI, LINE 5 - 428,730

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 FOUNDATION MERCY HOSPITAL

Employer identification number
47-0648586

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?		(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	
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 HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 2301 N 117TH AVE SUITE 120 OMAHA, NE 68164 47-0802306	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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

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)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 47-0648586

Name: ALEGENT HEALTH FOUNDATION MERCY HOSPITAL

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-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-IMMANUEL MEDICAL CENTER 6901 NORTH 72ND STREET OMAHA, NE 68122 47-0376615	LICENSED HOSPITAL	NE	501 (C)(3)	L3	ALEGENT CREIGHTON HEALTH		No
ALEGENT HEALTH-MERCY HOSPITAL CORNING IA 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 CORNING IA 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 IA		No
ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER NE 104 WEST 17TH STREET SCHUYLER, NE 68661 47-0399853	LICENSED HOSPITAL	NE	501 (C)(3)	L3	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER		No
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 WEST 17TH STREET SCHUYLER, NE 68661 36-3630014	SUPPORT OF ALEGENT HEALTH MEMORIAL HOSPITAL, SCHUYLER EXEMPT ACTIVITIES	NE	501 (C)(3)	L11 I	ALEGENT HEALTH MEMORIAL HOSPITAL SCHUYLER NE		No
AH COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 NORTH 8TH STREET MISSOURI VALLEY, IA 51555 42-0776568	LICENSED HOSPITAL	IA	501 (C)(3)	L3	ALEGENT HEALTH- IMMANUEL MEDICAL CENTER		No
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICES FOUNDATION 631 NORTH 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 IA		No
MERCY HOSPITAL FOUNDATION 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503 42-1178204	SUPPORT OF ALEGENT HEALTH-BERGAN MERCY HEALTH SYSTEM	IA	501 (C)(3)	L11 I	ALEGENT HEALTH- BERGAN MERCY HEALTH SYSTEM		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) Disproportionate allocations?		(i) Code V - UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PRAIRIE HEALTH VENTURES LLC 421 S 9TH STREET STE 102 LINCOLN, NE 68508 20-4962103	PROFESSIONAL TECH SERVICES	NE	ALEAGENT HEALTH- IMMANUEL MEDICAL CENTER	N/A				No			No	
AVANTAS LLC 11128 JOHN GALT BLVD STE 400 OMAHA, NE 68124 39-2045003	STAFFING OF NURSES	NE	ALEAGENT HEALTH- BERGAN MERCY HEALTH SYSTEM	N/A				No			No	
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLAZA SUITE 20 OMAHA, NE 68116 20-5544496	ENDOSCOPY SERVICES	NE	ALEAGENT CREIGHTON HEALTH	N/A				No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17030 LAKESIDE HILLS PLAZA STE 110 OMAHA, NE 68116 20-4267902	AMBULATORY SURGICAL CENTER	NE	ALEAGENT CREIGHTON HEALTH	N/A				No			No	
AH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET SUITE 104 OMAHA, NE 68154 06-1786985	DIAGNOSTIC TESTING FACILITY	NE	ALEAGENT 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	ALEAGENT CREIGHTON HEALTH	N/A				No			No	
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD SUITE 100 OMAHA, NE 68124 20-8671994	AMBULATORY SURGICAL CENTER	NE	OMAHA AMBULATORY INVESTMENT COMPANY LLC	N/A				No			No	
NEBRASKA SPINE LLC 6901 N 72ND STREET STE 203000 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ALEAGENT CREIGHTON HEALTH	N/A				No			No	